

U.S. No. 2
M-9-4-41
Rev. 5-17-39
201 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38315

State File No.

FILED NOV 17 1942

Registration District No. 832

Primary Registration District No. 6120

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan, Oklahoma Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 50 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan, Rural, Oklahoma Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes on No)

If yes, name country _____

3. (a) PRINT FULL NAME Hattie E. Demery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Omer Demery

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 16, 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 9, year 1942 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1939 to Oct 9, 1942 that I last saw her alive on Oct 1, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death cerebral hemorrhage

Due to cerebral hemorrhage 1939

Due to _____

Other conditions (Include pregnancy within 3 months of death) g30

9. Birthplace Milan, Missouri
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Andrew J. McKinney

13. Birthplace Mo. O.
(City, town or county) (State or foreign country)

14. Maiden name Ellen Garrett

15. Birthplace Mo. O.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry McKinney

(b) Address Milan, Mo.

17. (a) Burial (b) Date thereof Oct 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milan, Oak Grove Cem.

18. (a) Signature of funeral director Schwartz

(b) Address Milan, Mo. Frank D.

19. (a) Nov. 7 - 1942 (b) Mrs. F. D. Green
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Ed Simpson (M. D. or other) DE

Address Milan Date signed 10/14/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

105
0

DEC 7 1947

NOV 17 1947

RECEIVED

District Health Officer No. 10

District File Number 11-42-2082

Date Filed NOV 16 1947

RECORDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank D. Schoene
2016 Licensed Embalmer No. Wilam
P. O. Address Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.