

14756

State File No. _____

Registrar's No. 180

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED MAY 6 1943
Registration District No. 784

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Linn

(c) City or town Rural Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. Six Miles South
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Richard Arthur Demarest

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank W. Demarest 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 19 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Hackensack N.J.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen Demarest

13. Birthplace N.J.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace N.J.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. E. Lusk

(b) Address Brookfield Mo APRIL

17. (a) Burial (b) Date of death May 25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield

18. (a) Signature of funeral director Howard Bowden

(b) Address Brookfield Mo.

19. (a) 4-23-43 (b) R. W. Cameron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour 9 minute 10:20 A.M.

21. I hereby certify that I attended the deceased from 4-20-43 to 4-22-43, 1943, that I last saw him alive on 4-22-43, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction Duration 1 1/2 hrs

Due to Coronary Artery Disease

Due to Sphygmology and Intoxication 6 hrs

Other conditions 0
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations 0 13/a

Of autopsy 0

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature R. E. Lusk (M. D. or other) _____
Address Brookfield Mo Date signed 4/24/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-23-42
U. S. GOVERNMENT PRINTING OFFICE

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..... Homer S. Bowden.....
Licensed Embalmer No. 32957.....
P. O. Address..... Brookfield Ma......

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, above space should be left blank.