

FILED JUL 19 1943

State File No.

3037

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6532 Linden Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6532 Linden Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT NAME Mr. Charles Sumner Demaree
FULL NAME

3. (b) If veteran, name war No 3. (c) Social Security No. 494-12-3238

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ophelia MacPherson Demaree 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased August 31 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation President

11. Industry or business Demaree Stationery Company

12. Name George Thomas Demaree
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Angeline Wooley
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. Demaree

(b) Address 6532 Linden Road

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 12, 1943
(Month) (Day) (Year)

(c) Place: W. W. Newcomer's Sons

18. (a) Signature of funeral director W. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-10-43 (Date received local registrar) (b) J. E. Brown (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 1943 to 1943
that I last saw him Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Emphysema of Lungs
Due to g40
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) 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 A. E. Clasper (M. D. or other) M.D.
Address 283 Mt. Clay Date signed 7/9/43

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

MOTHER FATHER

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *KC 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.