

FILED JAN 12 1944

Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 1464

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(c) Name of hospital or institution: Mercy Hospital  
(d) Length of stay: 1 day  
In this community 43 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rural St Joseph  
(d) Street No. R.F.D. # 3, Stop 8 1/2 Savannah Rd  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME James G. Demeree

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Hallie Demeree. 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 11, 1851

8. AGE: Years 92 Months 9 Days 19

9. Birthplace Sanford, New York

10. Usual occupation House salesman  
11. Industry or business Wholesale Dry Goods

MOTHER FATHER { 12. Name Albert Demeree  
13. Birthplace New York  
14. Maiden name Alvira Haynes  
15. Birthplace Unknown, New York

16. (a) Informant Mrs. James G. Demeree  
(b) Address R.F.D. # 3, St. Joseph, Mo.  
17. (a) Burial (b) Date thereof 1/1/44

(c) Place: burial or cremation Mt. Mora Cemetery, Neosho, Mo.

18. (a) Signature of funeral director  
(b) Address 319 So. 10th. Street, Home  
19. (a) 1-1-44 (b) Rose Hertzog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th year 1943 hour 1:00 minute 30 a.m.

21. I hereby certify that I attended the deceased from 12-28 1943 to 12-28 1943

that I last saw him alive on 12-28 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations  
Of autopsy

PHYSICIAN 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)  
(b) Date of occurrence  
(c) Where did injury occur?  
(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 Nellie M. Brown (M. D. or other)  
Address 220 Logan Bldg Date signed 12/30/43

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

**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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.**