

FILED FEB 24 1945
3 33

Registration District No. _____

Primary Registration District No. 3074

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County: Scott

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

(c) Name of hospital or institution: 614 North St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____
(Specify whether years, months or days)

In this community: 16 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott

(c) City or town: Sikeston 100
(If outside city or town limits, write "RURAL")

(d) Street No.: 614 North St. 5
(If rural, give location)

(e) Citizen of foreign country? No 2
(Yes or No)

If yes, name country: ✓ 0

3. (a) PRINT FULL NAME: Effie Alice Demaris

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1945 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Unwed Body
19. to Feb 1, 1945

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Clyde Demaris

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Sept 19 1900
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Indigestion 1hr.
Duration

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>4</u>	<u>12</u>	_____hr. _____min.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Canalew Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name: Dan Peeryhouse

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Clyde Demaris

(b) Address: Sikeston Mo

17. (a) Burial (b) Date thereof: 2-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sikeston, Mo

18. (a) Signature of funeral director: Orville Taylor

(b) Address: Sikeston, Mo

19. (a) 2/5/45 (b) Louise Largent
(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 _____

(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: 2

23. Signature: Orville Taylor Coroner
Address: Sikeston, Mo Date signed: 2-3-45

1518

RECEIVED

District Health Office No. 2,

District File Number 245-246

Date Filed 2-15-45

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 *Alfred W. Greer*.....

Licensed Embalmer No. 1027.....

P. O. Address *Poplar Bluff 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.