

**FILED** AUG 22 1945  
 Registration District No. **197**

Primary Registration District No. **1002**

**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: **OSTEOPATHIC HOSPITAL**  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution **8 DAYS**  
 In this community **3 YEARS** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MISSOURI** (b) County **JACKSON MO**  
 (c) City or town **KANSAS CITY**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2437 JACKSON AVE**  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country .....

**3. (a) PRINT FULL NAME** **MRS ETHEL VIRGINIA DEMARVILLE**  
**3. (b) If veteran,** name war **NO**  
**3. (c) Social Security No.** **496-24-1254**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **AUGUST**, day **7TH**  
 year **1945** hour **3** minute **50 A.M.**  
**21. I hereby certify that I attended the deceased from** **August 2**, 19 **45**, to **August 7**, 19 **45**  
 that I last saw her alive on **August 7**, 19 **45**  
 and that death occurred on the date and hour stated above.

**4. Sex** **FEMALE** **5. Color or race** **WHITE**  
**6. (a) Single, widowed, married, divorced** **MARRIED**  
**6. (b) Name of husband or wife** **CHARLES DEMARVILLE**  
**6. (c) Age of husband or wife if** **18** years  
**7. Birth date of deceased** **JANUARY 24-1927**  
 (Month) (Day) (Year)

Immediate cause of death **Pulmonary Embolism**  
 Due to **Sepsis following mastoidectomy** **72 hrs.**  
 Due to **Acute fulminating mastoiditis** **7 days**  
 Other conditions (Include pregnancy within 3 months of death) .....

**8. AGE:** Years **18** Months **06** Days **13**  
 If less than one day hr. min.

**9. Birthplace** **KANSAS CITY MISSOURI**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **HOUSEWIFE**

**11. Industry or business** **HOUSEWIFE**  
**12. Name** **LOYD SPANGLER**  
**13. Birthplace** **UNKNOWN KANSAS**  
**14. Maiden name** **MRS. MAE WHITE**  
**15. Birthplace** **OAK GROVE MISSOURI**  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations **8-9-45**  
 Of autopsy .....

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

**16. (a) Informant** **Mrs. Mona Mae Spangler**  
**(b) Address** **2437 Jackson**

**17. (a) Burial** **(b) Date thereof** **8-11-45**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Elmwood**

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** .....

**18. (a) Signature of funeral director** **W. H. Newton**  
**(b) Address** **1401 Brush Creek Blvd.**

**(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) .....

Means of injury **2**

**19. (a) 8-7-45** **(b) Geraldine Holmes**  
 (Date received local registrar) (Registrar's signature)

**23. Signature** **John W. Geiger** (M. D. or other) **D.O.**  
**Address** **1010 Chamber Bldg. KCMO** **Date signed** **8/17/45**

WRITING PLAINLY - NO FADING BLACK INK - MAKE A PERMANENT RECORD

Classified 2014

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.....

*E. Oscar Northey*

Licensed Embalmer No. ....

*1767*

P. O. Address.....

*Kansas City*

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.