

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No. **26389**
3433
Registrar's No.

FILED SEP 14 1945

Registration District No. **149** 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:
6225 E. 16 St /
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME **John Frank Demeke**

3. (b) If veteran, name war **no** **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 **Marie Demeke** **6. (c) Age of husband or wife if alive** **69** years

7. Birth date of deceased **Feb. 25 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	20	hr. min.

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

10. Usual occupation **Retired Dispatcher**

11. Industry or business **Railroad**

12. Name **Demeke**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Marie Demeke**

(b) Address **6225 East 16 St.**

17. (a) Burial (Burial, cremation, or removal) **Burial** **(b) Date thereof** **Aug 18 1945**
(Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) 8-16-45 (Date received local registrar) **(b) Geraldine Holmes (Registrar's signature)**

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. **6225 E 16**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **15**
year **1945** hour **6 p** minute **P** M.

21. I hereby certify that I attended the deceased from **Carover**, 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Sclerosis
Due to **Arteriosclerosis**

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) **94 W**

Major findings:
Of operations.....

Of autopsy **no**
History of Injection

22. If death was due to external causes, file on 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 **Jim Walker** **(M.D. or other)** **Carover**
Address **1424 Jefferson Blvd** **Date signed** **8-16-45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
3
8

APR 20 1948

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.....

JOE B. Yoder
.....
Licensed Embalmer No. *4173*

P. O. Address..... *918 Brooklyn*

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.

K.C. 700 -