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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1051

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 135

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:
210 NORTH MONROE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 65 YEARS
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. 210 NORTH MONROE AVENUE
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MR. CHARLES HERBERT DEMING

3. (b) If veteran, name war NO

3. (c) Social Security No. 499-14-3735

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ------

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

7. Birth date of deceased SEPTEMBER 29 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 11 If less than one day ___ hr. ___ min.

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

10. Usual occupation LABORER

11. Industry or business STREET CLEANING DEPARTMENT

FATHER
12. Name JOHN DEMING
13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY CARROLL
15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CLARA FRANKE

(b) Address 210 NORTH MONROE AVE

17. (a) BURIAL (b) Date thereof JAN-13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ ST. JOHNS CEMETERY KANSAS CITY, KANSAS

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-11-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 10TH year 1947 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 7, 1947, to Jan 10, 1947 that I last saw him alive on Jan 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral Embolism	12 hours
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations ——
Of autopsy not made

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C W Rose (M. D. or other) MD

Address 1038 N. Edmwood Date signed 1/4/47

(Licensed Embalmer's Statement on Reverse Side)

103 North Elmwood
1:30.4

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 Bernard L. Doran

Licensed Embalmer No. 4250

P. O. Address K C 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.