S. No. 2
M—1/47
. 5-17-39

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Dr C.C. Coats

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9070

FILED APR 5 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1334 Ohio Street 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jesse Demming

3. (b) If veteran, name war

3. (c) Social Security No. 2

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased no record (Month) (Day) (Year)

8. AGE: Years 73 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace Sarcoxie (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation retired

11. Industry or business

FATHER
12. Name no record 9
13. Birthplace no record (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country) 9

16. (a) Informant none
(b) Address none

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin Missouri

19. (a) 2-25-48 (Date received local registrar) (b) Delores Lamphin Vt. (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1948 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Feb 14 1948 to Feb 24 1948
that I last saw him alive on Feb. 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature C C Coats (M. D. or other)
Address Joplin Mo Date signed 2-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-218

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 Erling M Dunn

Licensed Embalmer No. 3566

P. O. Address Joplin 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.