

Health,  
Welfare  
Public  
Service

FILED SEP 21 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

3820

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3820

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> /		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3537 Wayne</u>		5 <sup>d</sup> . STREET ADDRESS (If outside, give location) <u>3537 Wayne</u>	
Length of stay in lb <u>41 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HANS</u> Middle <u>DEMME</u> Last <u>DEMME</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>30</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>North Amer. Aviation</u>		11. BIRTHPLACE (City and state or country) <u>Munich, Germany</u> /	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13. FATHER'S NAME <u>John Demmel</u>		14. MOTHER'S MAIDEN NAME <u>Frances Thum</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-03-2410</u>	
17. INFORMANT <u>Mrs. Anna M. Demmel</u>		Address <u>3537 Wayne</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocardial Insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4/22</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Kansas City, Mo.</u>	COUNTY	STATE
21. I attended the deceased from <u>July 22, 1956</u> to <u>Aug 30, 1956</u> and last saw <u>him</u> alive on <u>July 23, 1956</u> . Death occurred at <u>11:55 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Kenneth A. Davis M.D.</u> (Degree or title)		22b. ADDRESS <u>Plaza Theatre Bldg</u>		22c. DATE SIGNED <u>8-31-56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-1-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hickman Mills, Missouri</u>
--	----------------------------	--	---

24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u> 1800 E. Linwood, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. <u>8-31-56</u>	26. REGISTRAR'S SIGNATURE <u>Fred Minshall</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Kenneth A. Davis

Mr. Kenneth H. Dan  
Plaza Theater  
R. 1-1104

11-3:20 PM

---

---

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 2999

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.