

No. 2
2-41
9
1-29284

FILED MAR 9 1942

Registration District No. **347**

Primary Registration District No. **5491**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Garland, Mo. R.R. 4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Garland, Honey Creek Turnp.
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 59 years
years, months or days

3. (a) PRINT FULL NAME HENRY J. Thomas DEMAREE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Armintha Alice 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 1 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name Cornelius Demaree

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Belle Mantel

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gus Horn

(b) Address Clinton Mo. R.R. 4

17. (a) Buried (b) Date thereof 2-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Run Cemetery

18. (a) Signature of funeral director Corcoran + Peeler

(b) Address Clinton Mo.

19. (a) Feb. 3-1942 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Clinton Mo. R.R. 4
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 4
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 1942
year hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from on
2-2 1942 to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Don't know
was dead before
I saw him
Had had no doctor

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 _____ Means of injury _____

23. Signature: Ed. C. Peeler (M.D. or other) _____
Address: Clinton Mo. Date signed: 2/3/42

RECEIVED

District Health Officer No: 7,

District File Number 3-42-179

Date Filed 3-4-42

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.....

J. E. Consalve

Licensed Embalmer No.....

1891

P. O. Address.....

Chicago, Ill

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6754
Registrar's No.

Registration District No. 347

Primary Registration District No. 5491

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

1. PLACE OF DEATH: Henry
 (a) County Harland
 (b) City or town Harland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Henry J. Demaree
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov (Month) 1 (Day) _____ (Year)

8. AGE: Years 79 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Bad had no app. 2000
Don't know

Due to See Henry
I only saw this man at Herbert's store. He had been dead several years

Other conditions (Include pregnancy within 3 months of death)
Major findings: Spinal fluid cause of death
 Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____ (f) Means of injury _____

23. Signature E. C. Peeler MD M. D. or other _____
 Address Clinton Mo Date filed 2/19/42

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

I saw this man after death and can certify that
he was dead but no post mortem was made and I
dont know the cause of death