

AUG 11 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

24823

Do not use this space.

## 1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85  
 (b) Township WASHINGTON Primary Registration District No. 001 Registered No. 784  
 (c) City ST. JOSEPH (d) Street No. 107 W. BUFF. ALO. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

HELEN BEATRICE DEMOSS 521  
 (a) Residence, No. 107 W. BUFFALO ST. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 8, 1936  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. NONE  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) PRINCETON, 0  
 (STATE OR COUNTRY) MISSOURI. 0

FATHER 13. NAME WILLIS DEMOSS 0  
 14. BIRTHPLACE (CITY OR TOWN) DODSON, Mo. 0  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME MILDRED PEAKS,  
 16. BIRTHPLACE (CITY OR TOWN) PRINCETON, Mo.  
 (STATE OR COUNTRY)

17. INFORMANT WILLIS DEMOSS,  
 (ADDRESS) 107 W. BUFFALO

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEMETERY JULY 28, 1938

19. FUNERAL DIRECTOR FLEEMAN & SON INC.  
 (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, Mo.

20. FILED 7-28-38 H. J. Westphal  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 26, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to July 26, 1938  
 I last saw him alive on July 26, 1938 Death is said to have occurred on the date stated above, at 2:00 p.  
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

7/12/38

Other contributory causes of importance:

Pertussis 7/1/38  
Acute Fermentative Diarrhea 7/8/38  
Prolapse of rectum 7/8/38

Name of operation Date of  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) R. Roger Mame, M. D.

(Address) St. Joseph, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by JOHN E. RUPP

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

**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.)**