

FILED APR 21 1941  
693

Registration District No. 693

Primary Registration District No. 4415

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Edgerton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 88 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John W. Demoss Jr.

3. (b) If veteran name-war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 3 - 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Platte Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business none

MOTHER FATHER { 12. Name John W. DE. Moss  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Tritt  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant C. J. De Moss  
(b) Address Edgerton MO

17. (a) Burial (b) Date thereof 3-7-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Mill Am

18. (a) Signature of funeral director William Davis  
(b) Address Dearborn Mo

19. (a) March 6 (b) Juan B. Nash  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town Edgerton  
(If outside city or town limit: write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5<sup>th</sup>  
year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 20 -  
1941 to Mar. 3 - 1941;  
that I last saw him alive on Mar. 3 - 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? no  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John A. Robinson (M. D. or other) 11  
Address Edgerton, MO Date signed 3-6-41

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

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**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 Reuben Davis

Licensed Embalmer No. 1460

P. O. Address Seaborn 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11713

Registration District No. 693

Primary Registration District No. 4415

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Platte  
(b) City or town Edgerton  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME John W. De Maest

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 s

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 1 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_ (State or foreign country)

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 Missouri (b) County Platte

(c) City or town Edgerton (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 mech day 5 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-20 to 3-5 that last saw him alive on 3-5-41 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bronchial) following influenza.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John A. Robinson (M. D. or other) \_\_\_\_\_

Address Edgerton, MO. Date signed 5-16-41

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