

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 17 1942

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 2313

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Lukes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8-2-42-6-11-42**  
(Specify whether  
In this community **56 Yrs**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6726 Bellefontaine**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Henry Von Demfange**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Katherine C. Von Demfange** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Sept 11 1885**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **9** Days **0** If less than one day hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Letter Carrier**

11. Industry or business **U.S. Postal**

12. Name **Henry Von Demfange**

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

14. Maiden name **Martha Elizabeth Thompson**

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

16. (a) Informant **Katherine CVON Demfange**

(b) Address **6726 Bellefontaine**

17. (a) Burial (b) Date thereof **June 12 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn Kansas City Mo.**

19. (a) **6-13-42** (b) **M. N. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11th**  
year **1942** hour **7** minute **30** P. M.

21. I hereby certify that I attended the deceased from **May 2** 1942 to **June 11** 1942  
that I last saw him alive on **June 11** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute lymphatic leukemia** Duration **one wk**

Due to **74 a**  
Due to .....

Other conditions **Chronic mitral endocarditis 30 yrs**  
(Include pregnancy within 3 months of death) **Chronic arthritis 10 years**

Major findings:  
Of operations.....  
Of autopsy **Confirmed above**  
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 **P. T. Bohan** (M. D. or other) **MD**  
Address **315 Alameda Road** Date signed **6-12-42**

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

48  
3  
8

MOTHER FATHER

361

KC Mo.

JUN 17 1942

Dr. J. H. Darglade  
Plaza Med. Bldg.  
3. P.M.

**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 *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *J. C. 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.**