

200785

FILED NOV 1 1943 149

Registration District No. _____

Primary Registration District No. 1002

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:
2518 Harrison Street-3rd Floor South /
(If not in hospital or institution, write street number or location)

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

In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2518 Harrison Street-3rd Floor So.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Miss Augusta Demolin

3. (b) If veteran, No name war _____ 3. (c) Social Security No. 494-14-7088

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

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

7. Birth date of deceased January 17 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>8</u>	<u>28</u>	<u>26</u> hr. _____ min.

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

10. Usual occupation Saleslady

11. Industry or business Lerner's Vogue Shop

12. Name August Demolin

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

14. Maiden name Anna Limbaugh

15. Birthplace Marble Hill Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Emma Ruesenbeck

(b) Address 2518 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1943
(Month) (Day) (Year)

(c) Place: burial of cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Deucomerhore

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-16-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 10/27/43
_____ 19____ to 10/18 1943
that I last saw her alive on 10/13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma - Sarcoma 11 months

Due to Red pigmented mole on vulva

Due to _____

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

49 d

Duration

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 Melan Sarcoma (M. D. optional)
Address 2522 Brookfield Date signed 10/16/43
R. E. K.

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

MOTHER FATHER

252
1-3
Braithwaite Road Beldy (8th & 9th Mo.)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. 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.