S. No. 2
)M—2-43
V. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9762

FILED APR 7 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1317

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: RESEARCH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)

In this community: 11 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: CLAY 24

(c) City or town: LIBERTY (If outside city or town limits, write "RURAL") 3

(d) Street No.: 104 E. FRANKLIN (If rural, give location) 1

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

If yes, name country: /

3. (a) PRINT FULL NAME: ROY E. DEMASTERS

3. (b) If veteran, name war: NO

3. (c) Social Security No.: unknown

4. Sex: M

5. Color or race: WH

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: HAZEL DEMASTERS

6. (c) Age of husband or wife if alive: UNK years

7. Birth date of deceased: OCT. (Month) 2 (Day) 1890 (Year)

8. AGE: Years 53 Months 5 Days 22 If less than one day: hr. min.

9. Birthplace: ORRICK (City, town, or county) MO. (State or foreign country)

10. Usual occupation: LAKE CITY Employee

11. Industry or business: MUNITIONS

MOTHER FATHER

12. Name: J. T. DEMASTERS

13. Birthplace: ORRICK (City, town, or county) MO. (State or foreign country)

14. Maiden name: REBECCA JANE ADAMS

15. Birthplace: ORRICK (City, town, or county) MO (State or foreign country)

16. (a) Informant: ROBERT DEMASTERS

(b) Address: LIBERTY, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: MAR 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: LIBERTY, MO.

18. (a) Signature of funeral director: Clurell Archer Co

(b) Address: 111 N. Water, Liberty, Mo.

19. (a) 3-23-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MAR day: 24 year: 1944 hour: 2 minute: 0 A.M.

21. I hereby certify that I attended the deceased from: Feb. 19 1944 to: Mar 24 1944 that I last saw him alive on: Mar 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of Both Lungs

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy: 135

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Burton Matlock (M. D. or other) MD

Address: Liberty, Mo. Date signed: Mar 24 1944

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.