

FILED MAY 31 1945

State File No.

Registration District No. ~~122~~ 122

Primary Registration District No. 5456

Registrar's No. 10

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Rural Wilson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 1 Brookline, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural - Wilson Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1 Brookline, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry Demonbrum

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 Married
6. (b) Name of husband or wife Alta Demonbrum 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb. 6 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 0 hr. min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Unknown DeMembrum
13. Birthplace Unknown Ky Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ellen a Unknown
Unknown
15. Birthplace Unknown Ky Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alta Demonbrum
(b) Address Route # 1 Brookline, Mo.

17. (a) Burial (b) Date thereof 5/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manley Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) May 10 1945 (b) Glaunce Brittain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1945 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from his Physician in attendance
to 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to.....

Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 946
Of autopsy.....

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 3

23. Signature Amman C. Stine (M. D. or other)
Address Springfield, Mo Date signed 5-7-45

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 45-5-50

Date Filed 5-29-45

JUN 8 1945

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 Walter E. Hamilton
Licensed Embalmer No. 3808
P. O. Address Brunswick, 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.