

FILED SEP 23 1946
Registration District No. 149

STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 1002

Registrar's No. 3854

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Hannas City
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: Polychrome Hospital
(If none in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 25 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Hannas City
(If outside city or town limits, write "RURAL")
(d) Street No. 721 G 2nd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maggie Demant
3. (b) If veteran, name war no
3. (c) Social Security No. none

20. DATE OF DEATH: Month Sept day 9
year 1946 hour 9 minute 37P A. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eugene Demant
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased: (Month) 2 (Day) 2 (Year) 1878

21. I hereby certify that I attended the deceased from Mar 4 1944 to Sept 9 1946
that I last saw her alive on Sept 9 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 7 Days 7 If less than one day hr. min.
9. Birthplace Depwater Mo
(City, town, or county) (State or foreign country)

Immediate cause of death women prison
cardio renal disease
Duration _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Ransom Bennett
13. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

Due to chronic myocarditis
Due to diabetes
arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

14. Maiden name Yntha Ann Swift
15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Violet Moore
(b) Address Depwater Mo
17. (a) Date thereof 9-12-46
(By burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Depwater Cem

Major findings: Of operations 61
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Ed Wilkinson
(b) Address Clinton Mo
19. (a) 9-10-46 (Date received local registrar)
(b) Heraldine Holmes (Registrar's signature)

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 V. A. Demelfy (M. D. or other) MD
Address 2748 Charbonnet St Date signed 9/19/46

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

29052

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 Fred W. Kison

Licensed Embalmer No. 2478

P. O. Address Clinton 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.