

**FILED DEC 9 1946**  
Registration District No. **199**

Primary Registration District No. **1002**

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

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:  
**3803 MAIN STREET 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **15 YEARS** 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. **3803 MAIN STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CARL I. DEMMITT**

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 **MRS ROSE DEMMITT** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased: **MARCH 10, 1881**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **14** If less than one day hr. min.

9. Birthplace: **UNKNOWN KANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CHIEF SPECIAL AGENT**

11. Industry or business **ROCK ISLAND R.R.**

MOTHER FATHER

12. Name **ISAAC DEMMITT**

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

14. Maiden name **SARAH**

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

16. (a) Informant **MRS. ROSE DEMMITT**

(b) Address **4527 MAIN**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **Nov 26, 46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEM.**

18. (a) Signature of funeral director **D. H. Newcome's Inc**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **11-16-46** (Date received local registrar) (b) **Sheraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **24th**  
year **1946** hour **10** minute **P.** M.

21. I hereby certify that I attended the deceased from **11-1-46** to **11-23-46**  
that I last saw him alive on **11-14-46** and that death occurred on the date and hour stated above.

Immediate cause of death **coronary occlusion** Duration \_\_\_\_\_

Due to **chronic myocarditis**

Due to **lung metastasis**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **g3 d**  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

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 **J. P. Brink** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed **11-25-46**

710  
2.30-48

**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: *Melvin Miller*  
Licensed Embalmer No. *44407*  
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.**