No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31164

Registrar's No. 3226

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: General Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 12 days (Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 3643 Campbell 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FRED DE MARANVILLE

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

3. (c) Social Security No.: 515-09-6156 A

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: Emma

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

7. Birth date of deceased: July (Month) 27 (Day) 1877 (Year)

8. AGE: Years 70 | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace: unknown (City, town, or county) Ill. (State or foreign country) /

10. Usual occupation: Common Laborer

11. Industry or business: Gen'l. Contractor

MOTHER FATHER

12. Name: Isaac DeMaranville

13. Birthplace: unknown (City, town, or county) N.Y. (State or foreign country) /

14. Maiden name: Elizabeth Ammons - Elizabeth

15. Birthplace: unknown (City, town, or county) Penn. (State or foreign country) /

16. (a) Informant: Helen Carlson
(b) Address: 3643 Campbell K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Banner Springs Kan.

18. (a) Signature of funeral director: H. Simmons
(b) Address: K.C. Kan.

19. (a) 8-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 19, 1947, to Aug. 31, 1947, that I last saw him alive on Aug. 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: As above	

PHYSICIAN — Underline the cause of 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: Wm. W. Hart (M. D. or other) MD
Address: Gen. Hosp. #1 Date signed

Jefferson City Printing Co.

(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 H Simmons

Licensed Embalmer No. 3903

P. O. Address KCK

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.