No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37023

FILED DEC 15 1948

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 379

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

1. PLACE OF DEATH:

(a) County Jackson. Rural

(b) City or town ~~Kaw~~ Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson.

(c) City or town Fairmont Inter city
(If outside city or town limits, write "RURAL")

(d) Street No. 551 Cedar.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRED S. DeMOTTE

3. (b) If veteran, name war no

3. (c) Social Security No. ?

4. Sex M

5. Color or race wh

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Winnona Bond

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 9 (Day) 1889 (Year)

8. AGE: Years 59 Months 8 Days 3 If less than one day — hr. — min.

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

10. Usual occupation Salesman

11. Industry or business —

FATHER 12. Name Samuel M. De Motte

13. Birthplace Tipton (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name Florida Williamson

15. Birthplace Osceola (City, town, or county) Mo (State or foreign country)

16. (a) Informant ~~Memorial Park Cem~~

(b) Address Mrs Winona. De Motte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Howard S. Poe

(b) Address 6900 Troost

19. (a) 12-6-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1948 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from Oct. 3, 1948, to Dec. 2, 1948 that I last saw him alive on December 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 Edward L. Tudel (M. D. ~~another~~)

Address 4304 Troost K.C. Mo Date signed Dec 4/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 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 Howard I. Roe

Licensed Embalmer No. 2748

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 81351
Local Registrar's No. [illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Fred S. Demotte, died ~~born~~ Dec 3, 1948 in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. ..... should read July 9-1889.
Instead of March 9-1889.
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Winona B. DeMotte
Relationship Wife

551 Cedar
Present Address.

Subscribed and sworn to before me this 11 day of ~~Dec~~ Jan, 1949.

My Commission expires My Commission Expires Jan. 29, 1951 Erma Morgan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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