Dr. Lemmon

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG - 4 1938

25394
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 318
(b) Township S. [illegible] Primary Registration District No. 5440 Registered No. 540
(c) City Springfield, Mo. (d) Street No. Route # 3 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Agnes Chalfant 415
(a) Residence, No. 906 E. Locust St. R#3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F.A. Chalfant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29, 1868
7. AGE: YEARS 70 MONTHS 2 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Olney Ill. 1

FATHER
13. NAME: Daniel Constine 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 5

MOTHER
15. MAIDEN NAME: Margaret Hayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): F.A. Chalfant Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE July 9 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H. Lohmeyer Springfield, Mo.
20. FILED July 9, 19 Chas A George Mo 27a Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5/5/38, 19..., to 7/7/38, 19...
I last saw her alive on 7/7/38, 19... Death is said to have occurred on the date stated above, at 9 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arterio-sclerosis	3

Other contributory causes of importance: 97

Senility

Name of operation ---- Date of
What test confirmed diagnosis? -- Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. B. Lemmon M. D.
(Address) Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 25 1943

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, Yes.

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Loolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.