

RECEIVED FEB 6 1939

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

2362  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone 2 Registration District No. 316  
(b) Township Boone Primary Registration District No. 5435 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Belle Lemmon  
(a) Residence, No. Ash Grove - R2 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 May Kelley Lemmon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 3 24

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister  
9. Industry or business in which work was done, as saw mill, bank, etc. School Teacher  
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) Walnut Grove, Mo.

FATHER  
13. NAME Barrett Lemmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER  
15. MAIDEN NAME Sarah McElhanon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mo. Judson Buckner  
(ADDRESS) Ash Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ash Grove Cemetery DATE January 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brim Funeral Service  
Ash Grove Mo.

20. FILED Jan 19, 1939 Mrs. Leonard Jones  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1938, to Jan 17, 1939.  
I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 8:15 P. m.  
The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia

Other contributory causes of importance:  
Parkinson's Disease

Date of onset Jan 15, 1939  
1935

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Dr. Charles H. Norton M. D.  
Walnut Grove, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every cause of pneumonia should be stated EXACTLY. PHYSICIANS should state AGE should be stated EXACTLY. PHYSICIANS should state

**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.....

*J. W. Birch*

Licensed Embalmer No. 3856

P. O. Address Ash Grove N

**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, above space should be left blank.**