

FILED NOV 12 1940

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 846

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1510 N. Farmer
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1510 N. Farmer
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Anna E. Lehman

3. (b) If veteran, name war no

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1940 hour 6 minute 45 a.m.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John W. Lehman

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

7. Birth date of deceased Sept. 28 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 1
1938 to Oct 14, 1940

that I last saw her alive on Oct. 13., 1940
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>16</u>	hr. _____ min.

Immediate cause of death Bronchial pneumonia

Due to arterio-sclerotic disease

Other conditions 95%
(Include pregnancy within 3 months of death)

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

MOTHER FATHER { 12. Name Tom Harris

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Synthia Smitey

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John W. Lehman

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Republic, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-15-40 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

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?
90%
(Specify type of place) (Specify means of injury)

23. Signature Ronald H. Elkins (M. D. or other) 1

Address Springfield, Mo. Date signed 10/15/40

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

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

Walter C. Hamblen

Licensed Embalmer No.

3808

P. O. Address

Springfield, 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.

X