

No. 2
-13-40
17-35
X2314

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41902

JAN 10 1941
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1348

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

1. PLACE OF DEATH: Buchanan
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1712 Seneca St 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 5 months
years, months or days

3. (a) PRINT FULL NAME Jesse Clyde Lemley
 3. (b) If veteran, name war _____
 3. (c) Social Security No. none

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 5
 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
 12. Name Clyde Lemley
 13. Birthplace Albany, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Mirtle Sherwood
 15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Clyde Lemley

(b) Address 1712 Seneca

17. (a) Burial (b) Date thereof 12-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Auburn Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Tracy Barry Funeral

(b) Address 218 South 10th St Home

19. (a) Dec. 24, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
St. Joseph,
 (c) City or town _____
(If outside city or town limits, write "RURAL")
1712 Seneca St
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
 year 1940 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dec 21, 1940, to Dec 23, 1940
 that I last saw h. / m. alive on Dec 23, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia

Due to Hereditary patent avian virus

Due to _____

Other conditions 157C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no.

Duration _____
 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? _____

85 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address St. Paul, Mo. Date signed 12-24/40

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

John E. Myers

Licensed Embalmer No. *3720*

P. O. Address *St. Joseph, 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.