Dr. Lemmon

No. 2
11-10-39
X2492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2582

JAN 25 1941

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 23

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

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: 1140 Roanoke /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 53 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1140 Roanoke
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Dr. Lee Cox +

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Ida Cox

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

7. Birth date of deceased Feb. 28 (Month) 1860 (Day) (Year)

8. AGE: Years ✓ 80 Months 10 Days 9 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Physician

11. Industry or business

FATHER
12. Name Willis R. Cox
13. Birthplace Unknown (City, town, or county) / Kentucky (State or foreign country)

MOTHER
14. Maiden name Eliz. J. DeHaven
15. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)

16. (a) Informant Eleanor Cox
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 1-9-41 (Date received local registrar) (b) W. E. Handley M.D. Regr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1941 hour 12 minute 50 a. M.

21. I hereby certify that I attended the deceased from 1939 ____, 19__ to 1/7/41, 19__; that I last saw him alive on 1/6/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis — Duration 5 yrs

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

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 ____

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23. Signature J B Lemmon (M. D. or other) M.D.
Address Springfield, Mo. Date signed 1/7/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1947

NOV 19 1941

NOV 21 1941

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 L L Gemmon

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 comply wit the above constitutes grounds for revocation of license.)

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