

LED MAR 17 1941

Registration District No. _____

Primary Registration District No. 2001

State File No. _____

Registrar's No. 149

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:
1828 W. Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
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. 1828 W. Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME John Lavine Dee

3. (b) If veteran name war Unknown 3. (c) Social Security No. 491-03-6320

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leila Dee 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 12, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 9 hr. min.

9. Birthplace Mulberry Grove, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business In Garage

MOTHER FATHER
12. Name Lawrence Dee
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Olive J. Riley
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leila Dee

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 2/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home Springfield, Missouri

(b) Address 2-23-41

19. (a) 2-23-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1941 hour 10:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 16, 1941, to Feb 21, 1941
that I last saw him alive on Feb 21, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary (dissect) Occlusion
Due to myocarditis, Chronic
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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) _____ (e) Means of injury 2m. H.
Signature W. Robert Langston (M. D. or other)
Address Springfield, Mo Date signed 2/24/41

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

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W. E. H.

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.....

Licensed Embalmer No. *23444*

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.

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