

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 21 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16195

Registration District No. 903

Primary Registration District No. 4545

Registrar's No.

1. PLACE OF DEATH:

(c) County. North
(b) City or town. Grant city
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)
In this community. 3 years years, months or days

3. (a) PRINT FULL NAME NANCY JANE LEMONS

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 16 years
7. Birth date of deceased June (Month) 16 (Day) 1867 (Year)

8. AGE: Years 73 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Genoa Co. MO. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Lorin Sims
13. Birthplace Uniontown (City, town, or county) (State or foreign country)
14. Maiden name Uniontown
15. Birthplace Uniontown (City, town, or county) (State or foreign country)

16. (a) Informant Henry Sims
(b) Address Grant city, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 2 41 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Arch C. Duffee
(b) Address Grant city, Mo.
19. (a) May 5 1941 (b) C. Duffee (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town Grant city (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1941 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from April - 28 to April - 30 1941.
that I last saw her alive on April - 30 1941.
and that death occurred on the date and hour stated above.
Immediate cause of death Mind degeneration Duration 5 yrs.

Due to h 2 10
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NO

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 ✓

23. Signature J. Ross M.D. (M. D. or other)
Address Grant city, Mo. Date signed 5 4 41

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.....

Arch C. Duffee

Licensed Embalmer No. *3252*

P. O. Address..... *Grant City, 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.