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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32681

FILED OCT 10 1941

Registration District No. 201

Primary Registration District No. 4430

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:  
209 Blackwater  
(If not in hospital or institution, write street number or location)

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

In this community all life  
years, months or days

8. (a) PRINT FULL NAME THOMAS HENRY LEMMONS

8. (b) If veteran, name war NO

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tessie Lemmons 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased November 13 - 1854  
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 18 If less than one day ✓ hr. ✓ min. ✓

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

10. Usual occupation Farmer Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Clay Lemmons

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

14. Maiden name Eliza Chart

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

16. (a) Informant Jack Lemmons

(b) Address 1802 Washington Blvd.

17. (a) Burial (b) Date thereof Sept-2-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director Jessethowey

(b) Address Sweet Springs Mo

19. (a) Sept 2nd 1941 (b) RL Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 27

(c) City or town Sweet Springs 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 209 Blackwater 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1941 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 30, 1941, to Aug 31, 1941;  
that I last saw him alive on Aug 31, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 20 hrs

Due to Arteriosclerosis and Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature Leoburn Ellis (M. D. or other) \_\_\_\_\_  
Address Sweet Springs Mo Date signed 9/1/41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-9-41

**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 Jesse Hawley

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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, above space should be left blank.