DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1942

Registration District No. 6173

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5817

State File No. 15068

Registrar's No. 6

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

1. PLACE OF DEATH
(a) County: NEWTON
(b) City or town: DIAMOND RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROUTE 1, Marion Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON 73
(c) City or town: DIAMOND RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: ROUTE 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John LEMASTER
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: Widowed
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept (Month) 27 (Day) 1866 (Year)

8. AGE: Years 75 | Months 6 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business .....
FATHER
12. Name: John Lemaster
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Eliza W. Lemaster
15. Birthplace: Jasper County Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mary F. Jones
(b) Address: Joplin Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Apl 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Spring Valley Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Neosho Mo
19. (a) 4-9-42 (Date received local registrar) (b) Harry Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6th year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Died of Natural Causes. Lived alone Was found dead in his home	
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 .....
23. Signature: J. R. Reynolds Coroner (M. D. or other)
Address: Neosho Mo Date signed 4/8/42

1164

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 542-682
Date Filed MAY 12 1942

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 J. Bingham

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15068

Registration District No. 615 Primary Registration District No. 5817 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME John Lemaster
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 w
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 21 (Day) 1866 (Year)
8. AGE: Years 75 Months 6 Days 17 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. Day 6 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Found dead	
Due to: Natural Causes, Probably Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 95C 2

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. R. Reynolds Coroner (M. D. or other)
Address Neosho Mo. Date signed