

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18212

State File No. ....

Registrar's No. 198

Registration District No. 1942

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: U 1

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

(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Joplin

(d) Street No. 1203 Wisconsin

(e) Citizen of foreign country? No

If yes, name country.....

3. (a) PRINT FULL NAME Cynthia Ann Lemmons

3. (b) If veteran, name war..... No.

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1942 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from 5-4 to 5-10 1942

that I last saw her alive on 5-10 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Silas A. Lemmons 6. (c) Age of husband or wife if alive 23rd years (Month) (Day) (Year)

7. Birth date of deceased October 23rd 1857

Immediate cause of death.....

Due to Ch. Myocarditis

Due to.....

8. AGE: Years Months Days If less than one day

84 6 19

hr. min.

Other conditions (include pregnancy within 3 months of death) 93d

9. Birthplace Milan Mo; D

10. Usual occupation Housekeeper

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name James A. Lemmons

13. Birthplace Ohio

14. Maiden name Francis Greene

15. Birthplace Ohio

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

Where at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature John J. Sims (M. D. or other) 7/2-47

Date signed.....

16. (a) Informant Chas Lemmons

(b) Address 2223 N. Joplin Ave

17. (a) Burial (b) Date thereof May 14 1942

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Palmer-Hunsaber

(b) Address 1302 Joplin St Joplin Mo

19. (a) 5-15-42 (b) Hector Medhoffer

(Date received local registrar) (Registrar's signature)

1209 (Licensed Embalmer's Statement on Reverse Side)

425448

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 Steve D. Parker

Licensed Embalmer No. 2948

P. O. Address Joplin 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.