

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

*D. W. Lemmon*  
State File No. 21203  
Registrar's No. 461

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County. Greene  
(b) City or town. Springfield City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
930 S. Weller  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. None (Specify whether  
In this community. 26 years (Specify whether  
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. 930 S. Weller  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Iowa E. Julian

3. (b) If veteran. None name war. None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced. 3 divorced  
6. (b) Name of husband or wife. Ben A. Julian  
6. (c) Age of husband or wife if alive. Unknown years  
7. Birth date of deceased. May 25, 1885  
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Unknown (City, town, or county) Unknown (State or foreign country)

10. Usual occupation. Grocer

11. Industry or business. Grocery Business

MOTHER FATHER  
12. Name Samuel Beltz  
13. Birthplace. Unk. (City, town, or county) Unk. (State or foreign country)  
14. Maiden name. Unk.  
15. Birthplace. Unk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant. Mabel Marie Julian  
(b) Address. Wichita, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 6-23-42 (Month) (Day) (Year)  
(c) Place: burial or cremation. Maple Park Cemetery

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

19. (a) 6/22/42 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month June day 21st  
year 1942 hour 9:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 5/19/42 19\_\_\_\_ to 6/21/42 19\_\_\_\_;  
that I last saw h. er alive on 6/21/42 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary embolus Duration 1 day

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

Due to Endarteritis obliterans 1 yr.

Other conditions. Angina pectoris 1 yr.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. [Signature]  
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?

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

23. Signature [Signature] (M. D. or other) [Signature]  
Address. Springfield, Mo. Date signed. 6/25/42

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

1947 TT 011

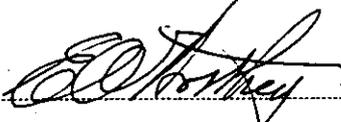
**STATEMENT BY LICENSED EMBALMER**

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. 1767

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.