

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon

37056

State File No.

Registrar's No.

FILED DEC 5 1942
Registration District No. 728

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2231 N. Rogers /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years (Specify whether years, months or days)
In this community 35 Years

3. (a) PRINT Vada Adams
FULL NAME

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife T. Fletcher Adams 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March 27 1886 (Month) (Day) (Year)

8. AGE: Years 156 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Ramey
13. Birthplace Unknown Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Mary C. (Unknown)
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant T. Fletcher Adams
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof Nov. 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 11-6-42 (b) S. B. Lemmon (Date received local registrar) (Registrar's signature)

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. 2231 N. Rogers (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 5 year 1942 hour 1 minute 5a. M.

21. I hereby certify that I attended the deceased from 9/4/42 to 11/5/42, 19...
that I last saw him alive on 11/3/42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 S. B. Lemmon (M. D. or other) MA
Address Springfield, Mo. Date signed 11/5/42

(Licensed Embalmer's Statement on Reverse Side)

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

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

Walter E. Hamilton

Licensed Embalmer No.

3808

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.

X