S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2559

FILED FEB 11 1943

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 26

49
0
0

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper Co. Alms House 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 0

(c) City or town Rural - Union Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #3, Carthage
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Roy Lemons

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November (Month) 22, (Day) 1889 (Year)

8. AGE: Years 53 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Carthage (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name John W. Lemons
13. Birthplace X (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Hanna Miller
15. Birthplace X (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant County Farm Supt.
(b) Address Route #3, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Jan. 29, 1943 (Date received local registrar) (b) Elizabeth Coupler (Registrar's signature)

1205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Jan 24, 1943, to Jan. 28, 1943; that I last saw him alive on Jan 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart failure

Due to atrophic arthritis

Due to .....

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

Major findings:
Of operations 93d

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R. W. Webster (M. D. ~~or other~~)
Address Carthage Mo Date signed Jan 29, 43

(Licensed Embalmer's Statement on Reverse Side)

4-8-1-52

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 Ed Allen

Licensed Embalmer No. 2222

P. O. Address Carthage

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.