

S. No. 2  
M-1-4-41  
5-17-39  
I X28390

10849

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 208

Primary Registration District No. 5769

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Monroe City

(c) Name of hospital or institution: Residence Rural  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Warren Jumps  
(If not in hospital or institution, write street number or location)

In this community Warren Jumps  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Monroe City  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Fleman Lomax

3. (b) If veteran, name war \_\_\_\_\_

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1943 hour 6 minute 20 A.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 6, 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1943 to Feb 22, 1943  
that I last saw him alive on Feb 22, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chorea Myocarditis

Duration 27m

8. AGE: Years 56 Months 17 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

9. Birthplace Blue Springs Missouri  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) g3d

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

11. Industry or business xxx

MOTHER FATHER { 12. Name Ulysses Grant Lomax

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Green

15. Birthplace Rockport Illinois  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Pearl Lomax

(b) Address Monroe City Missouri

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 2/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

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

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director M. M. Smith

(b) Address 302 Broadway Hannibal

23. Signature P. J. Powell (M. D. or other)

Address Palmyra Mo Date signed 2-25-43

19. (a) 2/24/43 (b) Mrs. Margaret Madley  
(Date received local registrar) (Signature of local registrar)

(Licensed Embalmer's Statement on Reverse Side)

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

64  
00

1145

---

**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.....

George T. Bond

Registered Apprentice No. 350

working under my personal supervision.

Signed

*Wm. M. Smith*

Licensed Embalmer No. 1204

P. O. Address. Hannibal, Missouri

**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.**