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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

Registration District No. 728

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon 17860

State File No.

Primary Registration District No. 2000

Registrar's No. 429

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: 1939 N. Grant /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: Greene 39
(a) State: Missouri (b) County: 2
(c) City or town: Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 1939 N. Grant
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): Y
If yes, name country

3. (a) PRINT FULL NAME: Margaret Mary Harrison
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: Widowed
6. (b) Name of husband or wife: Charles E. Harrison
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: Feb. (Month) 6 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
84	3	19	hr. min.

9. Birthplace: Ann Harbor (City, town, or county) Michigan (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Casimer Bohn
13. Birthplace: Baden Baden (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name: Margaret Lorenz
15. Birthplace: Alsace Lorraine (City, town, or county) France (State or foreign country) 5
16. (a) Informant: Mrs. Caroline Houston
(b) Address: Denver, Colorado
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 5-27-43 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 6 minute 10 a. M.
21. I hereby certify that I attended the deceased from 5/21/43, 19__ to 5/25/43, 19__; that I last saw her alive on 5/24/43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio-sclerosis (senility)	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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: T. B. Lemmon (M. D. or other) M.D.
Address: Springfield, Mo. Date signed 5/26, 43

147 (Licensed Embalmer's Statement on Reverse Side)

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. 8457

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.