

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29225

State File No. \_\_\_\_\_

REG. DIST. NO. 316  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6075  
Registrar's No. 316

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARPE M. LEMONDS  
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 23, year 1943 hour 10 minute 10 P. M.

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased March 25, 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 22, 1943 to August 23, 1943; that I last saw him alive on August 23, 1943, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 4 28 hr. min.  
9. Birthplace Paris, Tenn.  
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral apoplexy Duration  
Due to Cerebral hyperemia  
Due to Cerebral sclerosis

10. Usual occupation FARMER  
11. Industry or business \_\_\_\_\_  
12. Name George Lemonds  
13. Birthplace Paris, Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 83a  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Missouri  
17. (a) Burial (b) Date thereof 8-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shumake Cem., Kennett, Mo.  
18. (a) Signature of funeral director Salmon Undertaking Co.  
(b) Address Kennett, Missouri  
19. (a) August 26, 1943 (b) Byrdie B. Burmeister  
(Data received from local registrar) (Registrar's signature)

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) (d) Means of injury \_\_\_\_\_  
23. Signature J. G. Langston (M. D. or other) Pl.  
Address 408 N. F. Road Date signed 8-25-43

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

94  
0  
0

1196

SEP 8 1943

RECEIVED

District Health Officer No. 7  
District File Number 943-2650  
Date Filed 9-7-43

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 Carl J. Miller  
Licensed Embalmer No. 3752  
P. O. Address Farmington, 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.