

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

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43
-39
35897

Dr. P. H. Schaefer
State File No. 394535
Registrar's No. 5598

FILED JAN 15 1944

Registration District No. 1249

Primary Registration District No. 1002

Registrar's No. 5598

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospt.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 Days
(Specify whether years, months or days)

In this community 60 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 3208 Prospect
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert W. Lemmon

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex M. 5. Color or Race W.

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 28, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>2</u>	<u>6</u>	<u>29</u> hr. <u> </u> min.

9. Birthplace Solomon Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cabbit Maker

11. Industry or business

12. Name Sturley Lemmon

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Martha Lemmon

(b) Address 3208 Prospect

17. (a) Burial (b) Date thereof 12/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Cem. K.C.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) Dec 29, 1943 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 43 hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from October 1943 to Dec. 27, 1943
that I last saw him alive on Dec. 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 1 day

Due to Carcinomatous Cancer of Primary seat - Stomach 5 years

Due to Thrombia 4 days

Other conditions As above 468

Major findings:
Of operations

Of autopsy

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 P. H. Schaefer (M. D. or other) M.D.
Address 2737 Main St. K.C. Mo. Date signed 12/28/43

JAN 24 1984

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. A. Reimer

Licensed Embalmer No. *2744*

P. O. Address.....

K.P. 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.