. S. No. 2
M—9-4-41
ev. 5-17-39
P I X29484

35
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2708

State File No.

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett - (Rural) Indep. twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 9 mi. N.E. of Kennett Mo
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Merry Gay Lemonds
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 9, (Day) 1943 (Year)

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

9. Birthplace Kennett (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
12. Name Wilburn S. Lemonds (FATHER)
13. Birthplace Dunklin Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Georgia Lee Nelson (MOTHER)
15. Birthplace Dunklin Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Wilburn S. Lemonds
(b) Address Rt. 2 - Kennett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Paul Palmer
(b) Address Kennett, Mo
19. Jan-10-44 (Date received local registrar) (b) Julia Blank (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 43 hour 11 minute 8 M.
21. I hereby certify that I attended the deceased from 12-9-43 ~~12-12~~, 1943 to 12-12, 1943 that I last saw him alive on 12-11-43, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bronchial	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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 D. T. Dempsey (M. D. or other) MD
Address Kennett Date signed 12-12-43

901 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 244-235
Date Filed 2-3-44

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.

Not Embalmed

Signed S. P. Salmon

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.