

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 10 1944

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon

10998

State File No.

Registrar's No.

294

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: St. John Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
(Specify whether years, months or days)  
In this community 10 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Thayer  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John Sperry LeHew

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Margaret Durst LeHew 6. (c) Age of husband or wife if alive unk. years  
7. Birth date of deceased April 25, 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Westerville Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John LeHew  
13. Birthplace unk. Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name unk. Cramer  
15. Birthplace unk. Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret LeHew

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof April 1, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Mo.

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-1-44 (b) D. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1944 hour 10 minute 20 a.m.

21. I hereby certify that I attended the deceased from 3/21/44  
19 to 3/31/44 19

that I last saw im alive on 3/31/44 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 wks

Due to

Due to

Other conditions Hemorrhagic cystitis 10 da.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy 82a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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 A. B. Lemmon (M. D. or other) M. D.

Address Springfield, Mo. Date signed 3/31/44

JUN 8 1945

AUG 20 1945

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 *Walter E Hamilton*

Licensed Embalmer No. *3508*

P. O. Address *Springfield 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.

X