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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon
State File No. 18085
Registrar's No. 458

Registration District No. 128
Primary Registration District No. 2000

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's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 N. Main 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Morfeld
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 Unk.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased April (Month) 18, (Day) 1862 (Year)

8. AGE: Years 82 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Martin Benedict
13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Margaret (Unknown)
15. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
16. (a) Informant Margaret Hoopingarner
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 31, (Day) 1944 (Year)
(c) Place: burial or cremation St. Mary Cem.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 5-31-44 (Date received local registrar) (b) Dr W E Hansley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 1:00 minute a. M.
21. I hereby certify that I attended the deceased from 5/8/44, 19 to 5/29/44, 19;
that I last saw her alive on 5/28/44, 19;
and that death occurred on the date and hour stated above.

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

94a

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 J. B. Lemmon (M. D. or other) M.D.
Address Springfield, Mo Date signed 5-29-44

(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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

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.

X