

FILED MAR 14 1945

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(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 years, months or days)

In this community 67

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett 53
(If outside city or town limits, write "RURAL")

(d) Street No. 703 North Chest 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LANDER Wayne Lemonds

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male (1) Color or race White

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

6. (c) Age of husband or wife if alive dead years 1870

7. Birth date of deceased: April 29 - 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th
year 1945 hour 5:00 minute 9 A.M.

21. I hereby certify that I attended the deceased from Feb 9th 1945 to Feb 13 1945
that I last saw him alive on Feb 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration 3 days

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>15</u>	hr. min.

Due to 94A

Due to

Other conditions (include pregnancy within 3 months of death)

9. Birthplace Terry County - Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business Ministry

12. Name William Lemonds

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

14. Maiden name Unknown

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant A.L. Lemonds

(b) Address 703 North Chest Kennett Mo

17. (a) Burial (b) Date thereof Feb 15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salinaro

(b) Address Kennett Mo

19. (a) 2-21-45 (b) John Blankenship
(Date received by registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence Feb 13 1945

(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 Paul Baldwin (M. D. or other) MD
Address Kennett Mo Date signed 2-19-45

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

RECEIVED

District Health Office No. 2

District File Number 345-39

Date Filed 3/8/45

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 *[Signature]*

Licensed Embalmer No. 2556-

P. O. Address *[Signature]*

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.