Dr. Lemmon

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 13432

Registrar's No. 349

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: 3 Days (Specify whether
In this community: 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 449 E. Monroe
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Douglas D. Neblitt
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: Helen A. Neblitt
6. (c) Age of husband or wife if alive: unk. years
7. Birth date of deceased: Sept. (Month) 20, (Day) 1867 (Year)

8. AGE: Years 77 Months 8 Days 3 If less than one day hr. min.

9. Birthplace: Waverly (City, town, or county) Virginia (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Estate Stove Co.
12. Name (Father): James Neblitt
13. Birthplace (Father): unk. (City, town, or county) Virginia (State or foreign country)
14. Maiden name (Mother): Ellen McCutcheon
15. Birthplace (Mother): unk. (City, town, or county) New Hampshire (State or foreign country)
16. (a) Informant: Mrs. Helen A. Neblitt
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 4-25-45 (Date received local registrar) (b) M.J. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1945 hour 12 minute Noon M.
21. I hereby certify that I attended the deceased from 4/16/45, 19..., to 4/23/45, 19...; that I last saw him alive on 4/23/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Glaucoma (blind)	

Major findings:
Of operations: Opt
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: J. B. Lemmon (M. D. or other) M.D.
Address: Springfield, Mo. Date signed 4/24/45

(Licensed Embalmer's Statement on Reverse Side)

U. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

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 .....

Licensed Embalmer No. 24577

P. O. Address .....

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.