

FILED NOV 26 1945

Registration District No. ....

Primary Registration District No. 4196

Registrar's No. 89

1. PLACE OF DEATH

(a) County Stout  
(b) City or town Darlington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stout  
(c) City or town Darlington  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leal Albert Lemmon  
3. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1945 hour 8 minute 30 P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Surge 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased: Nov 14 (Month) 18 (Day) 59 (Year)

21. I hereby certify that I attended the deceased from 8-26, 1945, to 10-9, 1945  
that I last saw him alive on 10-9-45 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Duration 11 years.

8. AGE: Years 85 Months 10 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Eddyville (City, town, or county)  Iowa (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation retired

Major findings: Of operations \_\_\_\_\_ Of autopsy None  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman Lemmon  
13. Birthplace Vanhook Holland 4 (City, town, or county) (State or foreign country)  
14. Maiden name Elyabeth Luther  
15. Birthplace Vanhook Holland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jack Enrich  
(b) Address Darlington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Long Beach  
(d) Signature of funeral director Walter Burke

(e) Address Albany Mo  
19. Oct 22-1945 (Date received local registrar) (b) James W. White (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature Frank H. Rose (M. D. or other) M.D.  
Address Albany, Mo Date signed 10-10-45

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

3800

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Charles Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.**