

FILED APR 6 1946  
Registration District No. ....

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Rural Liberty Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution County Home Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 3 1/2 years years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24  
(c) City or town Rural Gattaway Mo 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box 74 52 - North Kansas City Mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LAWRENCE STEVE LEMON

3. (b) If veteran, name war none 3. (c) Social Security No. -

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lula Lemon 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: (Month) Dec. (Day) 20 (Year) 1878

8. AGE: Years 67 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Dutton N. Va. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name James Lemon

13. Birthplace N. Va. (City, town, or county) (State or foreign country)

14. Maiden name Bosley

15. Birthplace N. Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Lemon  
(b) Address Box 74 52 North Kansas City Mo

17. (a) Burial (b) Date thereof Mar 27 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.  
(d) Signature of funeral director Church-Under Co  
(e) Address Liberty Mo

19. (a) March 25 1946 (b) Emmond Hayes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1946 hour 2 minute - 7 M.

21. I hereby certify that I attended the deceased from Mar 23 1946 to Mar 24 1946  
that I last saw him alive on Mar 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Baccho pneumonia 4 da. Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy - 10

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Budlow Malley (M. D. or other) M.D.  
Address Liberty Mo Date signed 3-25-46

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

RECEIVED

District Health Officer No. B.

District File Number *4-4-46*

Date Filed .....

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 *Edgar Archer* .....

Licensed Embalmer No. *3311* .....

P. O. Address *Liberty, 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.