No. 1
5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23263

FILED AUG 29 1946

Registration District No. 12 Primary Registration District No. 5449 Registrar's No. 74

1. PLACE OF DEATH:
(a) County Gentry — Jackson Twp
(b) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gentry 3
(c) City or town King City Mo. R.R.
(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 James Horrace Lemaster.

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Cau

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

6. (b) Name of husband or wife Ollie.

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct. (Month) 30 (Day) 1869 (Year)

8. AGE: Years 77 Months 8 Days 21 If less than one day hr. min.

9. Birthplace King City Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same.

FATHER
12. Name Miles Lemaster.
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Louisa ?
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Ollie Lemaster
(b) Address King City Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7.24.1946. (Month) (Day) (Year)
(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. G. Yaggard
(b) Address King City Mo.

19. (a) July 26-1946 (Date received local registrar) (b) Homer N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1946 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by drowning — Duration
Due to diving into Cistern
Due to at his farm home
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes 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 3

23. Signature C. E. Brooks Deputy Coroner (M. D. or other)
Address Albany Mo. Date signed 7-1-46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

APR 12 1952

DEC 3 1946

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 R. G. Taggart

Licensed Embalmer No. 243-63

P. O. Address King City 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 120 Primary Registration District No. 5449 Registrar's No. 74

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

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

3. (a) PRINT FULL NAME James H. Lemaster
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Oct 30 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 2 Unless than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21 Day
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) Suicide
(b) Date of occurrence July 21 1946
(c) Where did injury occur? Bing City Gentry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cistern near farm house (Specify type of place)
While at work? (e) Means of injury Jumped into Cistern
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

164

22119

23263

DEC 3 1945