No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29310

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(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
In this community 72 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Lemons
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Lula Jane Lemons
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August (Month) 11, (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	16	hr. min.

9. Birthplace (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name James Lemons 0
13. Birthplace No Record / (City, town, or county) (State or foreign country)
14. Maiden name No Record 0
15. Birthplace (City, town, or county) / (State or foreign country)
16. (a) Informant Mrs. Europa Burns
(b) Address Dexter, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery
18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri
19. (a) 8/4-1946 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1946 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from Aug 14, 1946, to Aug 27, 1946;
that I last saw him alive on Aug 27, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis + Cardiac decompensation	4 hours
Due to Chronic Myocarditis	6 months
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)
(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 D
23. Signature Dr H A Poe ~~(M. D. or other)~~ DO
Address Dexter Mo Date signed 9/2/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1081
Date Filed 9-9-46

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 B J Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.