

Registration District No. **144**

Primary Registration District No. **3032**

Registrar's No. **104**

**1. PLACE OF DEATH:**

(a) County Johnson

(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
West Pine St. none /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 10 Yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson **57**

(c) City or town Warrensburg **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. W. Pine **2**  
(If rural, give location) **0**

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Finnis Edgar Lemley

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 Melmalee Lemley

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Oct. 30 1876  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>70</u>	<u>0</u>	<u>0</u>	hr. min.

9. Birthplace Knobnoster Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

MOTHER FATHER

12. Name John Lemley

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

14. Maiden name Rebecca Elder

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

16. (a) Informant Melmalee Lemley

(b) Address Warrensburg Mo.

17. (a) burial (b) Date thereof 11/1/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster, Mo.

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) Oct. 31, 1946 (b) Sara Ann Orsatt  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 30  
year 1946 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 1 1946  
to Oct 30 1946

that I last saw him alive on Oct 28 and that death occurred on the date and hour stated above.

Immediate cause of death edema Pulmonary **Duration 1 wk**

Due to Hypertensive Heart Disease **2 yrs**

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 93D

**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 fall

23. Signature J. Reed Maxon (M. D. or other)  
Address Warrensburg Mo Date signed Oct 31

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

32795

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**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. Q. Phillips*.....  
Licensed Embalmer No..... *1320*.....  
P. O. Address..... *Warrensburg, 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.**