

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36642
9 30
State File No.
Registrar's No.

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution 2 weeks
In this community 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney
(c) City or town Taneyville
(d) Street No.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME LYDIA G. CLEMAN
3. (b) If veteran, name war NONE 3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife S.J. Cleman 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December 3, 1884

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 19th year 1946 hour 12:57 A.M. minute M.
21. I hereby certify that I attended the deceased from Mar 18 1946 to Nov 19 1946
that I last saw her alive on Nov 19 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac decompen- sation Duration 3 mo.

8. AGE: Years Months Days If less than one day
61 11 16 hr min

Due to Lymphosarcoma 1 yr

9. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business House wife

PHYSICIAN

12. Name Hiram Rhoads

Major findings: Of operations

13. Birthplace no record Pennsylvania

Of autopsy

14. Maiden name Henrietta Kyler

15. Birthplace no record Pennsylvania

16. (a) Informant S.J. Cleman

(b) Address Taneyville, Missouri

17. (a) Burial (b) Date thereof Nov. 20, 1946

(c) Place: burial or cremation Panphrey in Taney County

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Missouri

19. (a) 11-25-46 (b) M. Handy MD

(Date received local registrar) (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) (c) Means of injury

23. Signature Harry D. Bldg (M. D. certifier)

Address Date signed Nov 20 1946

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

55E

111

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..... *Ralph H. Thieme*

Licensed Embalmer No..... 3681

P. O. Address..... Springfield, Missouri

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.