S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40115

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 213

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 600 South Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hugh B. Lemonds
3. (b) If veteran, name war No
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 Dosie Barnes Lemonds
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 24 (Day) 1897 (Year)

8. AGE: Years 49 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Dunklin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Clerk - Dunklin Co. Court
11. Industry or business Farmer
MOTHER FATHER
12. Name Harper M. Lemonds
13. Birthplace Paris (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Mary Stockton
15. Birthplace Wayne (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Jesse Barham
(b) Address Kennett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Kennett, Mo
18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo.
19. (a) 12-10-1946 (Date received local registrar) (b) Earle Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7, year 1946 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-4-46, 19..., to 12-7-46, 19...; that I last saw him alive on 12-7-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris	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)
(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

23. Signature J. T. Dempsey (M. D. or other) M.D.
Address Kennett Mo Date signed 12-9-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Office No. 2,
District File Number 1246-1478
Date Filed 12-20-46

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~~ Helen F. Lemonds, Registered Apprentice No. 415, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.