

No. 2
12-45
5-17-39
I X47070

FILED FEB 28 1947 28

Registration District No. _____ Primary Registration District No. **2000** Registrar's No. **146**

1. PLACE OF DEATH:

(a) County **Greene**

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

(c) Name of hospital or institution: **Springfield City Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **two days**
(Specify whether years, months or days)

In this community **74 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

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

(d) Street No. **457 Cherry Street** **6**
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN RANDOLPH LEMONS**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Cordelia Lemons**

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

7. Birth date of deceased **January 18, 1862**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **16,** year **1947** hour **1:** minute **00** P.M.

21. I hereby certify that I attended the deceased from **2-14-47** to **2-16-47**, 19____; that I last saw him alive on **2-16-47**, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
85	0	28	hr. _____ min.

Immediate cause of death **Gastric Hemorrhage (massive) 2 days**

Due to **cause unknown**

Due to _____

Other conditions **118**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **Retired carpenter**

11. Industry or business **Carpentry**

12. Name **Louis Lemons**

13. Birthplace **Unknown, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Sawyer**

15. Birthplace **Unknown, Missouri**
(City, town, or county) (State or foreign country)

Major findings: **118**

Of operations _____

Of autopsy _____

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? _____

16. (a) Informant **Ella Sue Lemons**

(b) Address **907 Rogers, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **2/18/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **2-17-47** (b) **W.E. Handley, M.D.**
(Date received local registrar) (Registrar's signature)

23. Signature **M.L. Gentry, M.D.** (M.D. or other)
Address **Springfield, Mo.** Date signed **2-17-47**

While at work? _____ (Specify type of place)

(c) Means of injury _____

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

1503 S. Fremont

7
2
6

Duration

Underline the cause to which death should be charged statistically.

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.....

Harry L. Ayre....., Registered Apprentice No. *479*
working under my personal supervision.

Signed..... *C. A. Raul*.....

Licensed Embalmer No. *3544*.....

P. O. Address..... *Springfield, 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.