

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13861

FILED MAY 5 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1413 W. "A" St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 11 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1413 West "A" St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

49  
25  
0

3. (a) PRINT FULL NAME Charlotte Lemmons

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John W. Lemons 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 2 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Columbus Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Thomas J. Main

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

14. Maiden name Elizabeth Sinclair

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

16. (a) Informant Mrs. Lorraine Lemmons  
(b) Address 1413 W "A" St.

17. (a) BURIAL (b) Date thereof 4-9-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Hurlbut Und' Co.  
(b) Address Joplin, Mo

19. (a) 4/8/47 (b) Dolores Langkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1947 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from October 1945 to April 1947  
that I last saw her alive on April 11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Chronic Arthritis

Due to \_\_\_\_\_

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

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury L

23. Signature Chas. B. Joyner (M. D. or other) DO

Address 619 First Bldg Joplin Mo Date signed Apr. 8, 1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

59B

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

47-3-378

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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 *Henry K. Herbold*

Licensed Embalmer No. *95-9*

P. O. Address *Japan Ave*

**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.**