S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon Sr.

State File No. 17160

Registrar's No. 449

106

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: St. John Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 Hours (Specify whether years, months or days)
In this community: 8 Hours

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

3. (a) PRINT FULL NAME: Fred A. Schmoeller
3. (b) If veteran, name war:
3. (c) Social Security No. 498-09-7313
4. Sex: Male O
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Pearl Schmoeller
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 9 (Day) 1903 (Year)
8. AGE: Years 43 Months 9 Days 18 If less than one day: hr. min.
9. Birthplace: Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Pearl Schmoeller
(b) Address: Branson, ~~Springfield~~, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Branson, Mo.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 5-27-47 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1947 hour 1 minute a. M.
21. I hereby certify that I attended the deceased from 5/26, '47, 19..., to 5/27, '47, 19...; that I last saw him alive on 5/26, '47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to: Arteria-Sclerosis	
Due to: 81 PA	?
Other conditions: Lepto-meningitis, chronic (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: As above, also old myocardial infarct

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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: T. A. Lemmon, Dr. (M. D. or other) M.D.
Address: Springfield, Mo. Date signed 5/27, '47

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1947

SEP 10 1947

JUN 22 1947

AUG 4 1953

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 Walter E. Hamilton

Licensed Embalmer No. 3808

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.