

No. 2
2-45
17-39
X47070

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

FILED JAN 27 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 41

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:
1025 W. Elm Arcade /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 40 YRS.
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. 1025 W. Elm Arcade 6
(If rural, give location)

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

3. (a) PRINT FULL NAME Leo M. Lassner

3. (b) If veteran, name war Spanish American

3. (c) Social Security _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Beulah Lassner

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased UNKNOWN - 28 - 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 4 17 hr. _____ min.

9. Birthplace Unknown New York /
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Clerk

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Lassner

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 1/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-19-48 (b) W.E. Hundley 111
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1948 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 4-16, 1947, to 1-15, 1948; that I last saw him alive on 1-15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Chronic Cardio-Vascular Disease

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. K. Pope M.D. 111
Address Springfield, Mo. Date signed 1-16-48

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 Roy H. Mercer, Jr.
Licensed Embalmer No. 4432
P. O. Address Springfield, Me.

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.