No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Bruce Lemmon Jr.
State File No. 12208
Registrar's No. 303

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: 1216 West Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 88 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: ~~1228~~ 228 W. Atlantic
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Miss Sue Routt
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept. (Month) 30 (Day) 1859 (Year)
8. AGE: Years 88 Months 6 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace: Mt. Vernon (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home
11. Industry or business .....
FATHER
12. Name: John Allen Routt
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elmira Matthews
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Josephine Marquardt
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: Herman H. Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 4/9/48 (Date received local registrar) (b) W E Handley 48 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-18, 1948, to 4-8, 1948, that I last saw he alive on 3-2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Emaciation	1 mo.
Due to: Senile psychosis	1 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: Bruce Lemmon (M. D. or other)
Address: Springfield, Mo. Date signed: 4-8-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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. 3858

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.