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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16801

FILED JUN 7 1948

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Johnson Co Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution # 3 Yrs. 3 Mo (Specify whether
In this community 70 Yrs.
years, months or days)

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

3. (a) PRINT FULL NAME Edward LeMar
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
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 Feb. 25 (Month) 1855 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
93	3	1	hr. min.

9. Birthplace Unkown (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Printer
11. Industry or business
FATHER
12. Name John LeMar
13. Birthplace Unkown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Barbara A Swayne
15. Birthplace unkown (City, town, or county) Oh io (State or foreign country)
16. (a) Informant Johnson Co. Home Reccords
(b) Address Warrensburg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.
19. (a) May 26, 1948 (Date received local registrar) (b) Savannah Chatelain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from April 16 1948 to May 26 1948 that I last saw him alive on April 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Schlerosis
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy none

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm R Patterson M D (M. D. or other)
Address Warrensburg Mo Date signed 5-26-48

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.