S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 19175

Registrar's No. 519

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: 920 E. Stanford / (Res)
(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: 14 years

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.: 920 E. Stanford 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: No

3. (a) PRINT FULL NAME: Ben H. Lammers
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: Unknown

4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Helen
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: May (Month) 8 (Day) 1881 (Year)

8. AGE: Years 67 | Months 1 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: New Knoxville, (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation: Insurance
11. Industry or business: "
12. Name of father: Ernest Lammers
13. Birthplace of father: Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name of mother: Louise
15. Birthplace of mother: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Helen Lammers
(b) Address: Springfield, Mo 920 E. Stanford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield Mo
19. (a) 6-28-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month June day 25 year 1948 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from 4-30-46, 19____, to June 25, 1948, that I last saw him alive on June 25, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis Agitans	2 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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? ✓ (Specify type of place)
While at work? (e) Means of injury:

23. Signature: S. P. Handley (M. D. or other) M.D.
Address: Springfield, Mo Date signed 6/26/48

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 Julian R Gordon Registered Apprentice No. 173 working under my personal supervision.

Signed Jewell E. Wundle

Licensed Embalmer No. 2831

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.