

Registration District No. **42**

Primary Registration District No. **1000**

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2117 S. 10th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution not  
(Specify whether  
In this community Lifetime  
years, months or days)

3. (a) PRINT FULL NAME Josephine Margaret Lemmel

3. (b) If veteran, name war None 3. (c) Social Security No. 488-14-8294

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married /  
6. (b) Name of husband or wife Augusta Lemmel 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased July 7 1897  
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 2 If less than one day  
hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business S.S. Kresge Co.

12. Name John Long

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

14. Maiden name Anna Schutter

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

16. (a) Informant Augusta Lemmel

(b) Address 2117 S. 10th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 7-13-48 (b) E. G. Jenkins  
(Date received local registrar) (Registrar's signature) 297

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2117 S. 10th Street 7  
(If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9th  
year 1948 hour 12 minute 05 P.A.M.

21. I hereby certify that I attended the deceased from July 15 1947 to March 12 1948  
that I last saw h. SR alive on 3-12 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Paralysis  
Duration

Due to.....

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 Amos D. M. Phail other de.

Address 1911 Julia St. Date signed 7-10-48

MOTHER, FATHER

**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

*Raymond A. Prekel*

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.**