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4-13-40
5-17-39
X23159

Dr. Lemmon Jr.

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 29432

FILED SEP 20 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 753

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: Mary E. Wilson Home - 924 N. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Years 5
(Specify whether)

In this community 26 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. Mary E. Wilson Home - 924 N. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Emma Bayless

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1048 hour 11 minute 30a. M.

21. I hereby certify that I attended the deceased from off and on for 10 yrs.
Sept. 10, 1948, to Sept. 10, 1948,
that I last saw her alive on Aug. 3, 1948, 1948,
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife David Bayless

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis (probably)
sudden death

Due to Coronary sclerosis

8. AGE: Years 91 Months _____ Days _____ If less than one day
hr. _____ min. _____

Due to _____

Other conditions Old age
(Include pregnancy within 3 months of death)

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Coston

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

14. Maiden name Unknown

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

Major findings: Of operations 94A

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Bayless

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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

(b) Address Springfield, Mo.

19. (a) 9-14-48 (b) N.E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. A. Lemmon, Jr. (M. D. or other) M.D.
Address Springfield, Mo. Date signed 9/13/48

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

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. Hamell

Licensed Embalmer No. *3805*

P. O. Address.....

Springfield Ms.

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.