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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1948

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Bruce Lemmon Jr.

State File No. 32634

Registrar's No. 872

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: 532 E. Walnut St.
(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: 15 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.: 532 E. Walnut St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: Mattie Thrall

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George R. Thrall

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

7. Birth date of deceased: March (Month) 7, (Day) 1880 (Year)

8. AGE: Years 68 | Months 8 | Days 4 | If less than one day _____ hr. _____ min.

9. Birthplace: Winsdor (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

FATHER
12. Name: Ezra Stearne
13. Birthplace: Unknown (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name: Mary Larnard
15. Birthplace: Utica (City, town, or county) New York (State or foreign country)

16. (a) Informant: George R. Thrall
(b) Address: Springfield, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director: Herman H. Lohmeyer
(b) Address: Springfield, Missouri

19. (a) 10-12-48 (Date received local registrar) (b) W. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1948, to Oct. 11, 1948; that I last saw her alive on Oct. 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lt. ovary — Duration: 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations: HGW

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: Bruce Lemmon Jr. (M. D. or other)

Address: Springfield, Mo. Date signed 10-11-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1948

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 Gene Lohmeyer, Registered Apprentice No. 292 working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.