

FILED DEC 28 1948

Registration District No. 277

Primary Registration District No. 5950

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Middle town (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether  
In this community 75 yrs  
years, months or days)

3. (a) PRINT FULL NAME Wilkes Lemasters

3. (b) If veteran, name war V 3. (c) Social Security No. V

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Sarilda Matilda Lemasters 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased May 9 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 5 If less than one day hr. min.

9. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business V

12. Name John M. Lemasters

13. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Ann Lemont

15. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Allison

(b) Address Middle town Mo

17. (a) Burial (b) Date thereof Dec 15 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middle town

18. (a) Signature of funeral director Butler Smith

(b) Address Middle town Mo

19. (a) 12-17-48 (b) Bill Robinson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Middle town, Mo (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th year 1948 hour 7 minute 40 M.

21. I hereby certify that I attended the deceased from Oct. 15 1948 to Dec 17 1948 that I last saw him alive on Dec 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarction from cerebral artery  
Due to arterio Sclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 99  
Of autopsy \_\_\_\_\_

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) Means of injury 0

23. Signature Bill Robinson (M. D. or other) \_\_\_\_\_  
Address Middle town Mo Date signed 12/14/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 22 1949

RECEIVED

District Health Officer No.

District File No. 12-48-2196

Date Filed DEC 24 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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John W Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green, N

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.