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K23159

Dr. Lemmon

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2637

BUREAU OF THE CENSUS

RECEIVED FEB 14 1941

Registration District No. 310 322

Primary Registration District No. 5446

Registrar's No. 27

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

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:
Route # 1 Pleasant Hope, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frank G. Netzer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Betty Netzer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 19 hr. min.

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

10. Usual occupation Loan Merchant

11. Industry or business _____

12. Name Peter Netzer

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

14. Maiden name Treasa Ann Schwartz

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

16. (a) Informant John Netzer

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

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

(b) Address Springfield, Mo.
(c) Dec 16 1940 Allan Barnes
(Date received local registrar) (Registrar's signature)

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. Route # 8
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1940 hour 11 minute P. M.

21. I hereby certify that I Saw attended the deceased from Several mo. ago
_____ 19____, to _____ 19____
that I last saw him alive on Several mo. ago _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
When I saw him he was demented from cerebral arterio-sclerosis

Due to _____
Due to OVER

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

Major findings:
Of, operations _____
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?
2 A 2

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature H.B. Lemmon (M. D. or other) M.D.
Address Springfield, Mo. Date signed 12/15/40

I have never attended this man. At the request of a life insurance company who was paying him total disability, I saw him and examine several months ago, and also a year prior to that. His mind was gone, and I considered him a case of cerebral arterio-sclerosis.

S. B. JAMMON

RECEIVED

Greene County Health Office,

County File Number 41-1-4

Date Filed 1/20/61

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 L. Paulin Gorman

Licensed Embalmer No. 3177

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.