

FILED APR 8 1946 STANDARD CERTIFICATE OF DEATH

Dr. Lemmon 9052 ✓  
State File No. \_\_\_\_\_  
Registrar's No. 280

Registration District No. 128

Primary Registration District No. 2000

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: St. John's Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Minutes  
(Specify whether years, months or days)

In this community 63 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 323 S. National  
(If rural, give location) 1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J. Blaine Berry

3. (b) If veteran, name war No

3. (c) Social Security No. UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1946 hour 2 minute 15a. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary B. Berry

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

7. Birth date of deceased April 30, 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-22, 1946, to 3-27, 1946;  
that I last saw him alive on 3-27, 1946;  
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 10 Days 27  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary thrombosis acute Duration 2 hrs

9. Birthplace Greene County Missouri  
(City, town, or county) (State or foreign country)

Due to Coronary heart disease 3 mos

10. Usual occupation Field Agent

Due to \_\_\_\_\_

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

11. Industry or business Missouri University

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

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

12. Name J.A. Berry

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

14. Maiden name Elizabeth McCurdy

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

16. (a) Informant Mary B. Berry

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazlwood

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

(b) Address Springfield, Mo.

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? \_\_\_\_\_

19. (a) 3-28-46 (b) B. M. J. Handley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury.

23. Signature Bruce Lemmon (M. D. or other) \_\_\_\_\_  
Address 600 Med. Arts, Springfield, Mo. Date signed 3-27-46

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**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. 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 with the above constitutes grounds for revocation of license.)**

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