No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon

State File No. 41385

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1099

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Weeks (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Rural Springfield 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route # 2 N. Campbell Twshp. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: J Lawrence French.
3. (b) If veteran, name war: No
3. (c) Social Security No.: ?
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Virginia French
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 25 (Day) 1901 (Year)
8. AGE: Years 46 Months 8 Days 24 If less than one day hr. min.
9. Birthplace: Greene County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: School Teacher & Dairyman
11. Industry or business:
FATHER
12. Name: W.B. French
13. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Anna Lawler
15. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Virginia French
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-26-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1947 hour 8 minute 15 p. M.
21. I hereby certify that I attended the deceased from 2-26, 1947, to 12-8, 1947 that I last saw him alive on 12-8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure acute (& chronic)	3 wks.
Due to: Myocarditis, chronic	several yrs
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death): & Chronic nephritis	
Major findings: Diabetes mellitus	
Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Bruce Lemmon Jr. (M. D. or other)
Address: Spgfld Mo. Date signed 12/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Paul F. Robinson

Licensed Embalmer No. 2457

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.