

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Lemmon J. 39849
State File No. _____
Registrar's No. 1105-A

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: St. John Hosp.
(d) Length of stay: In hospital or institution 1 Day
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 736 College
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Marie Rabenau
(b) If veteran, name war No
(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 Henry Rabenau
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Sept. 19 1903

8. AGE: Years 45 Months 3 Days 1
If less than one day hr. min.

9. Birthplace Springfield Missouri

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Underwood

13. Birthplace Seneca Missouri

14. Maiden name Lula Thayer

15. Birthplace Springfield Illinois

16. (a) Informant George Underwood
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/24/48

(c) Place: burial or cremation Fordland, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 12-24-48 (b) [Signature]

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 20
year 1948 hour 12 minute 30 p.m.
21. I hereby certify that I attended the deceased from 10-30 1948 to 12-20 1948
that I last saw her alive on 12-20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis, acute
Due to Cause unknown

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

Major findings: Of operations _____
Of autopsy [Signature]

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 (M. D. or other) _____
Address Spqfld, Mo Date signed 12-27-48

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.....

Robert H. McShaw....., Registered Apprentice No. *272*
working under my personal supervision.

Signed.....
Walter E. Hamilton

Licensed Embalmer No. *3808*

P. O. Address.....
Springfield, Ma.

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.