

Cynthiana Democrat - September 23, 1943

**W. J. LEMONS**

W. J. (Jack) Lemons, 86 years old, retired farmer, died yesterday morning, September 22, at the Harrison Memorial Hospital, after an illness of the past two months. The body was removed to the Smith-Rees Home where it will remain for services to be held tomorrow morning at 10 o'clock with the Rev. Frank C. King officiating. Burial in Battle Grove cemetery. Pall bearers, T. S. W. T. and J. W. Mullin, S. B. Martin, George Loxons and Chester Whalen. Mr. Lemons was born March 4, 1857, in this county, a son of the late George and Sarah Jolly Lemons and had spent practically his entire life in this community. For the past two years he had lived in Louisville in the home of his granddaughter, Mrs. G. T. King, and Mr. King, who have given him every care and attention. Mr. Lemons retained his faculties and remained fairly active. His life had been a happy one and he stood high in the community where he had spent so many useful years. His wife, Mrs. Melissa Mullin Lemons, died March 16, 1932, and their only child, a son, Walter Lemons, died a few years ago. Besides his granddaughter, Mrs. King, he is survived by a daughter-in-law, Mrs. Edith Oder Lemons; a brother, I. W. Lemons, and a half-brother, James Lee Lemons, all of this city. He was a member of the Cynthiana Methodist church.

Lemons, William Jackson 1857 - 1943

Form V. B. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 20058  
Registrar's No. 134

Registration District No. 670 Primary Registration District No. 2270

1. PLACE OF DEATH:  
(a) County HARRISON  
(b) City or town CYNTHIANA  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
E. PLEASANT STREET  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community LIFE  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State KENTUCKY (b) County HARRISON  
(c) City or town CYNTHIANA  
(If outside city or town limits, write RURAL)  
(d) Street No. E. PLEASANT STREET  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME WILLIAM JACKSON LEMONS  
3(b) If veteran, \_\_\_\_\_ No. \_\_\_\_\_  
3(c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6(a) Single, widowed, married, divorced WIDOWER

6(b) Name of husband or wife MALISSA MULLIN  
6(c) Age of husband or wife if alive DECEASED Years \_\_\_\_\_

7. Birth date of deceased MARCH 4 1857  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 6 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace HARRISON COUNTY, KY.

10. Usual occupation RETIRED ✓

11. Industry or business UNKNOWN

FATHER { 12. Name GEORGE LEMONS  
13. Birthplace KY.

MOTHER { 14. Maiden name SARAH JOLLY  
15. Birthplace KY.

16(a) Informant's own signature Mrs. Garnett King  
(b) Address LOUISVILLE, KY.

17. BURIAL ~~UNKNOWN~~  
Place BATTLE GROVE CEM. Date SEPT. 24, 1943

18(a) Signature of funeral director SMITH & REES CO.  
(b) Address CYNTHIANA, KY. BY H. P. Smith #51

19(a) Sept 24 1943 (Date received by local registrar)  
(b) Terrance Rice (Registrar's signature)

20. DATE OF DEATH SEPTEMBER 22 1943

21. I hereby certify that I attended the deceased from Sept 1 1943 to Sept 22 1943 that I saw him alive on Sept 22 1943 and that death occurred on the date stated above at 9:45A M.

Immediate cause of death subdural subarachnoid hemorrhage DURATION \_\_\_\_\_  
Due to Concussion of skull

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

Major findings: \_\_\_\_\_  
Of operations 46D-122B  
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? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (a) Manner of injury \_\_\_\_\_

23. Signature R. T. McWhorter (M.D.)  
Address CYNTHIANA, KY. Date signed 9/23/43