S. No. 2
—11-10-39
. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17862

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 501

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2101 Pear Street. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 21 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits write "RURAL")

(d) Street No. 2101 Pear Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Nora M. Lyons 520

3. (b) If veteran, name war ✓

3. (c) Social Security No. 491-09-6911

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Artie Lyons

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug (Month) 31 (Day) 1888 (Year)

8. AGE: Years 51 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) 0 (State or foreign country)

10. Usual occupation factory worker 0

11. Industry or business 0

FATHER
12. Name Robert C. Kirkman
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary C. Henley
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Artie Lyons

(b) Address 2101 Pear St. St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 5 (Day) 1940 (Year)

(c) Place: burial or cremation Agency Cemetary

18. (a) Signature of funeral director H. A. Pullens

(b) Address Gower, Mo.

19. (a) May 4 1940 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1940 hour 4 am minute M.

21. I hereby certify that I attended the deceased from May 1, 1940 to May 3rd, 1940 that I last saw her alive on May 3rd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency with broken compensation

Due to Cause unknown

Due to

Other conditions none (Include pregnancy within 3 months of death) 92 W

Major findings: Of operations no operation

Of autopsy no autopsy

Duration

PHYSICIAN

Underline the cause to 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? 85 (Specify type of place)

While at work? (e) Means of injury

23. Signature S. E. Melusey (M. D. or other) 1

Address 401 Ballinger Bld. St Joseph, Mo. Date signed

(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 H. A. Sullins

Licensed Embalmer No. 1738

P. O. Address Gower, 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, above space should be left blank.