

FILED AUG 9 1940

Dr. Lemmon

25233

No. 2
1-10-39
17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 630

Registration District No. 315

Primary Registration District No. 2001

Registrar's No.

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:
994 S. Fremont 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Thomas Lyons 5203. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Nannie Lyons 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased May 15 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 2 13 hr. _____ min.9. Birthplace McClain Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Retired Engineer11. Industry or business Frisco Railroad12. Name James Lyons13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)14. Maiden name Ann Madigan
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Nannie Lyons(b) Address Springfield, Mo.17. (a) Burial (b) Date thereof Aug. 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Mary's(a) Signature of funeral director H.H. Lohmeyer(b) Address Springfield, Mo.19. (a) Aug. 1, 1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 994 S. Fremont
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 8 minute 20 p.m.21. I hereby certify that I attended the deceased from 7/21 1940 to 7/28 1940
that I last saw him alive on 7/28 and that death occurred on the date and hour stated above.Immediate cause of death Coronary thrombosis Duration 7 daDue to 44

Due to _____

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

Major findings: _____

Of operations _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

984
While at work? _____ (Specify type of place)
(e) Means of injury _____Signature J. B. Lemmon (M. D. or other) M.D.Address Springfield, Mo. Date signed 7/29/40

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

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 L. Edwin Gorman

Licensed Embalmer No. 3177

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, above space should be left blank.