No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38499

Registration District No. 204 — Primary Registration District No. 3013 — Registrar's No. 39

DEC 5 - 1940

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.Cedar St. Cameron, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. South Cedar St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Chas. Sherwood Lyon.
3. (b) If veteran, name war ✓
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 Ella Lyon.
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Oct (Month) 9 (Day) 1866. (Year)

8. AGE: Years 74 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Rosendale, Wisconsin. (City, town, or county) (State or foreign country)
10. Usual occupation R.R.Conductor.Retired
11. Industry or business 1
FATHER
12. Name Unknown 9
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ella Lyon
(b) Address Cameron, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield, Mo.
18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron, Mo.
19. (a) Oct 5th 1940 (Date received local registrar) (b) Dr E H Risley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd year 1940 hour 10.00P.M. minute M.
21. I hereby certify that I attended the deceased from 1938, 19, to Oct 2, 1940 that I last saw him alive on Aug 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	10 yrs
Senile dementia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) 1
Address Cameron, Mo Date signed Oct 4/40

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1944

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 James Scott Buckshow

Licensed Embalmer No. 4092

P. O. Address Cameron, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.