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FEB 17 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2854

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County JACKSON Co.

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

(c) Name of hospital or institution:
133 - E WHITE OAK ST
(If not in hospital or institution, write street number or location)

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

In this community slightly over 3 wks.
years, months or days)

3. (a) PRINT FULL NAME B. Eldon Lyday

3. (b) If veteran, name war none

3. (c) Social Security No. 450-09-1188

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife Julia Lyday

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

7. Birth date of deceased AUG. 16, 1894
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|------------|-------------|----------------------|
| | <u>46</u> | <u>YRS</u> | <u>5-5-</u> | <u>min.</u> |

9. Birthplace unknown (City, town, or county)

Spain (State or foreign country)

10. Usual occupation LABORER

11. Industry or business PORTLAND CEMENT PLANT

12. Name Willie Lyday

13. Birthplace UNKNOWN (City, town, or county)

TEXAS (State or foreign country)

14. Maiden name GERTRUDE LYDAY

15. Birthplace UNKNOWN (City, town, or county)

TEXAS (State or foreign country)

16. (a) Informant Gertrude Lyday

(b) Address EUFULA, OKLAHOMA

17. (a) REMOVAL (b) Date thereof JAN 25 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eufula Okla.

18. (a) Signature of funeral director G. E. Davis

(b) Address 912 - E Lexington - Indep, Mo

19. (a) JAN 25 '41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 48

(c) City or town CEMENT CITY (If outside city or town limits, write "RURAL") 0

(d) Street No. CEMENT CITY (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Jan
year 1944 hour 9.45 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 3, 1944 to Jan 20, 1944;
that I last saw him alive on Jan 20, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 20 days

Due to Influenza Duration 3 days

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? 360 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. H. Heckerson (M. D. or other) _____
Address Independence Mo Date signed Jan 21 '41

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.....

Franklin C. [Signature]

Licensed Embalmer No. 2467

P. O. Address. Independence, 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, fact should be so stated above.