

FEB 17 1941

3511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 595

Primary Registration District No. 4353

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Wallsville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
0
(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
34
8. (a) PRINT FULL NAME Henry Clay Lyon
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex male 5. Color W race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pallie John Lyons
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 17 1861
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Wise Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watch

11. Industry or business Merch Plant

12. Name Lawrence Lyons

18. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Henry Harrison

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Lyon

(b) Address Wallsville Mo

17. (a) Burial (b) Date thereof 1-31-41
(Place of burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Wallsville Mo

18. (a) Signature of funeral director A. B. Wells

(b) Address Wallsville Mo 5950

19. (a) Jan 31 - 41 (b) Maomike McDerrott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Wallsville
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 29
year 1941 hour 3:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan 27
1941 to Jan 29 1941
that I last saw him alive on Jan 29
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 3 days
Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature L. J. McDaniel (M. D. _____)
Address Wallsville Mo Date signed 1-31-41

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Personally....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. B. Hall*.....

Licensed Embalmer No. *1588*.....

P. O. Address *Helmsville, 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.