No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10743

FILED APR 10 1941

Registration District No. 313 Primary Registration District No. 5439 Registrar's No. 261

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town ~~Springfield~~ Sp R Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 11
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Rural #11
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lucina A. Lyon
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Jan (Month) 14 (Day) 1863 (Year)
8. AGE: Years 78 Months 2 Days 15 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Home
11. Industry or business Home
12. FATHER Name Unknown Hashburn
13. FATHER Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs Virgil Cottel
(b) Address R 11 Springfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Robberson Prairie
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Missouri
19. (a) 3-30-41 (Date received by local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1941 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from Feb 20 Feb 20, 1941, to 3-29- 1941 that I last saw h. alive on March 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of 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?
While at work (Specify type of place) (e) Means of injury
23. Signature Nunt Hicks (M. D.)
Address Date signed 3/30/41

(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.....Ogle Slone Jr.

Licensed Embalmer No.....4976

P. O. Address.....Springfield

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

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

X