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X26390

FILED AUG 9 1941  
Registration District No. **73**

Primary Registration District No. **5967**

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: South of Huntville Mo.  
(If not in hospital or institution, write street number or location)

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

In this community Life time  
years, months or days

3. (a) PRINT FULL NAME Finis 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 Mattie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 12 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	8	29	hr. min.
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9. Birthplace Randolph Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Azzle Lyon

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Lyon  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mattie Lyon  
(b) Address Huntsville Mo.

17. (a) Burial (b) Date thereof July 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill

18. (a) Signature of funeral director Tom B. Patton  
(b) Address Huntsville Mo.

19. (a) Aug. 2 - 1941 (b) Wm. B. R. Brantley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville Mo R.R.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓ C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1941 hour 5:00 minute 0 M.

21. I hereby certify that I attended the deceased from June, 1939, to July 10, 1941.  
that I last saw him alive on July 10, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 8 hours

Due to arterio-sclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 W. D. Dreyer M. D. (M. D. or other) W.D.  
Address Huntsville Mo. Date signed 7/15/41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1424

Date Filed AUG 6 1941

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 Tom B. Patton

Licensed Embalmer No 3914

P. O. Address Huntsville, Ala

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.