DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3178

Primary Registration District No. 4397

Registrar's No. 43

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

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.

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: at Home in Green Ridge, 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 years, months or days) 14 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Green Ridge. (If outside city or town limits, write "RURAL")

(d) Street No. Houses not numbered. (If rural, give location)

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

3. (a) PRINT FULL NAME Lydia Belle Lyons.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Homer R. Lyons. | 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased March (Month) 19 (Day) 1876 (Year)

8. AGE: Years 65 | Months 10 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Rural near Green Ridge Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER 12. Name W. E. T. Jones.

13. Birthplace Bootne Co. (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Martha T. ~~Jones~~ Calvert

15. Birthplace Pettis Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mrs Etta Broadus

(b) Address 1489-12th Ave San Francisco Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Rockory Cemetery Pettis Co Mo

18. (a) Signature of funeral director G. R. Shelley

(b) Address Green Ridge Mo

19. (a) 1-30-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 3, 1941, to Jan 28, 1942, that I last saw him alive on Jan 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pelvic organs and viscera of lower abdominal cavity — Duration ____

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 H. A. Hite (M. D. or other) MD

Address Green Ridge Mo Date signed 1/29/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39
1 x 19511

RECEIVED
[illegible] Health Officer No. 8,
[illegible] Number
[illegible] 2-10-42

FEB 13 1942

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.