

1. PLACE OF DEATH:
 (a) County Andrew,
 (b) City or town Savannah, Tenn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Dr. Nichols Sanitorium, O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days,
 In this community 8 days,
 years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Joseph Lyons,

8. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marietta Lyons, 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 12th, 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	2	3	hr. min.

9. Birthplace Fairfield, Illinois,
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

12. Name Hugh Lyons,

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

14. Maiden name Elizabeth Walton,

16. Birthplace Unknown, Scotland,
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joseph Lyons

(b) Address Herman, Nebraska,

17. (a) Removal, (b) Date thereof 4/16/42,
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herman, Nebraska,

18. (a) Signature of funeral director Frank A. Bowman,

(b) Address Savannah, Mo.

19. (a) 4-16-42 (b) J.H. Fitchman
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15
 year 42 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from 4-7-42, 1942, to 4-15-42, 1942;
 that I last saw him alive on 4-15-42, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to arterio Sclerosis
 Due to 43a

Other conditions Epilepsia multiple
 (Include pregnancy within 3 months of death) 4 years

Major findings: Removal Epithelioma
 Of operations _____
 Of autopsy no autopsy

Duration

4 days

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) _____
 Means of injury _____
 23. Signature Floyd H. Spencer (M. D. or other) C,
 Address Dardanelle, Mo. Date signed 4-15-42

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

APR 21 1967

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 H-15-42

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. W. Memphis

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.