

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REC'D NOV 12 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 534

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2021 Washington St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2021 Washington
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Maggie Lyon

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas J. Lyon 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May (Month) 13 (Day) 1869 (Year)

8. AGE: Years 73 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Andrew Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Emery Wayne Henderson
13. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Miller
15. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Lyon

(b) Address 2021 Wash St St Joseph

17. (a) Burial (b) Date thereof 10-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Fleeman & son Inc
(b) Address 1946 Calhoun
19. (a) 10-30-42 (b) Rose Hargoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1942 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw her alive on Oct 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
bladder. causal 5.19
Cancer
Due to Cystoscopic Examination
showing small capacity
Due to 1942

Duration about 1 yr

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings: 20
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 S. D. Benson MD (M. D. or other).....
Address 722 Francis Jefferson Date signed Oct 30 1942

FEB 17 1945

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 Robert L. Gable
Licensed Embalmer No. 3309
P. O. Address St. Joseph, 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, fact should be so stated above.