

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)  
In this community 9 days

3. (a) PRINT FULL NAME Walter L. Lyons  
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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 14 - 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 6 14 hr. min.

9. Birthplace Boston Co. Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Walter J. Lyons  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hallahan  
15. Birthplace Conn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Lyons  
(b) Address Kaylesville Mo

17. (a) Removal (b) Date thereof 1-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kaylesville Mo

18. (a) Signature of funeral director Les G. Wallace  
(b) Address Fulton Mo

19. (a) Jan 3 - 1943 (b) Josie Morsutskoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Kaylesville (If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1943 hour 9-25 minute P M.  
21. I hereby certify that I attended the deceased from Dec 20  
1942, to Jan 1, 1943  
that I last saw him alive on Jan 1, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chr. Myocarditis

Due to General atherosclerosis

Other conditions (Include pregnancy within 3 months of death) 930

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

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) (c) Means of injury \_\_\_\_\_

23. Signature Forrest Thomas (M. D. or other)  
Address Fulton Mo Date signed 1/2

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

MOTHER FATHER

4  
1/2

14  
1/2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

114

**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, only

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Albert E. White*

Licensed Embalmer No. ....

*4168*

P. O. Address.....

*Fulton, 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.**