No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1920

Registration District No. 65 Primary Registration District No. 5252 Registrar's No.

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Mo Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8 miles S.E. of Keytesville 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LIZZIE LYORD
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edd Lyord
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. (Month) 13 (Day) 1887 (Year)

8. AGE: Years 55 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Dalton (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name Wm E. Barry
13. FATHER Birthplace Buckle (City, town, or county) Mo 0 (State or foreign country)
14. MOTHER Maiden name Lucy Johnson
15. MOTHER Birthplace Dalton (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Edd Lyord
(b) Address Dalton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dalton
18. (a) Signature of funeral director Hyde & Barnett
(b) Address Keytesville Mo
19. (a) 1/16/43 (Date received local registrar) (b) P. L. Frieze (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1943 hour 10 minute 50 P. M.
21. I hereby certify that I attended the deceased from December 17 1942 to January 10 1943 that I last saw her alive on January 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular Complex (Myocarditis) — Duration: Don't know
Due to Nephritis — Duration: Don't know
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 0
23. Signature Earl C. Meyer (M. D. or coroner)
Address Keytesville, Mo Date signed 1/13/43

1024 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 2-8-43

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Key Teville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
P I X29288

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STANDARD CERTIFICATE OF DEATH

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1. PLACE OF DEATH:
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(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME Lizzie Lyon
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race B
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 13 (Day) 18 (Year)

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

9. Birthplace Salem (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Vascular Complex (myocarditis) (Chronic) — Duration

Due to nephritis Chronic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 13 | 0
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)
(b) 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 Carl C. Ayer (M. D. ~~or other~~)
Address Keytesville, Mo Date signed 3/2/43

SUPPLEMENTARY