S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9644

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 333

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: 1823 North 2nd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: 45 years

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.: 1823 N 2nd St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: George W. Lyons

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Dec 12, 1843 (Month) (Day) (Year)

8. AGE: Years 99 Months 3 Days 8 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Pkg Packing Co (1915)

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Social Security Commission

(b) Address: Patee Hall, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Tracy Barry Funeral Home

(b) Address: 218 South 10th St, St. Joseph, Mo.

19. (a) 3-23-43 (Date received local registrar) (b) Rose Hezog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Feb 26, 1943 to March 15, 1943 that I last saw him alive on March 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile Dementia	5 yrs
Due to: General Arteriosclerosis	15 yrs
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? (c) Means of injury:

23. Signature: Charles H. Werner (M. D. or other)

Address: 221 Kirkpatrick Bldg Date signed: 3-23-1943

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Savannah

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.