

FILED APR 7 1943
Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville, Mo.
(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 77 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizbeth E. Lyons

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

4. Sex Female 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 August 31st - 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Rogersville, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business David Lyons

12. Name Rogersville, Tenn

13. Birthplace Rogersville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mildred E. Luney

15. Birthplace Rogersville, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Walker

(b) Address Higginsville, Mo.

17. (a) burial (b) Date thereof 3/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville, Mo.

19. (a) 4-1-1943 (b) Dr. W. A. Braeckler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 27 1943 to Mar 27 1943 that I last saw him ex alive on Mar 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage associated with Arterial Hypertension

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Higginsville Mo Date signed 3/29/43

Duration

1 Day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-5-43

PC

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 R. Ruckhoff
Licensed Embalmer No. 4204
P. O. Address WAGGINSVILLE, 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.