

FILED NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3730 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lulu J. Lyons LYONS

3. (b) If veteran, name war No

3. (c) Social Security No. 720

4. Sex 7

5. Color or race W

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 Feb 14 1909

(Month)

(Day)

(Year)

8. AGE:

Years 34

Months 7

Days 24

If less than one day hr. _____ min. _____

9. Birthplace Ossesa Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Elmer Lyons

Elmer Lyons

13. Birthplace Louisy City Mo

(City, town, or county)

(State or foreign country)

14. Maiden name Elizabeth Repley

(City, town, or county)

(State or foreign country)

15. Birthplace St Clair Co Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant Sam Lyons

Sam Lyons

(b) Address Ossesa Mo

Ossesa Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 10-10-43

(Month) (Day) (Year)

(c) Place: burial or cremation Ossesa Mo

Ossesa Mo

18. (a) Signature of funeral director Ossesa Mo

Ossesa Mo

(b) Address Ossesa Mo

Ossesa Mo

19. (a) 10-9-43

(Date received local registrar)

(b) D. E. Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3730 Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1943 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from about
Jan 1, 1941, to Oct 8, 1943
that I last saw her alive on October 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of the cervix

Due to squamous cell

carcinoma of the cervix

Due to uteri

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations carcinoma of cervix

Of autopsy none done

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 injury)

(e) Means of injury _____

23. Signature Sam Lyons (M. D. or other)
Address 1103 Grand Ave Date signed 10/9/43

Duration

6 mos

2 to 3 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.