

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

1. PLACE OF DEATH:

(a) County Stoddard Co.

(b) City or town Bernie
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 56 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Bernie 103
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 7

(e) Citizen of foreign country? _____ (Yes or No) 7
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Lyons

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

4. Sex 1 F 5. Color or race W

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

6. (b) Name of husband or wife Geo Lyons 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 1 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Murphysboro Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER { 12. Name Phelps _____

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

14. Maiden name Unknown _____

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

16. (a) Informant Jess Lyons

(b) Address Bernie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Jaylor Cemetery.

18. (a) Signature of funeral director Lloyd Russell

(b) Address Piggott, Arkansas

19. (a) 1-17-44 (Date received local registrar) (b) Cardie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 30 day _____ year 1943 hour 7 minute 5:10 P. M.

21. I hereby certify that I attended the deceased from 12-27-1943 to 12-30-1943 and that death occurred on the date and hour stated above.

that I last saw her alive on 12-27-1943

Immediate cause of death Seriousity Duration 7 days

Due to _____

Due to _____

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

1678

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dwain Ryan (M. D. or other) _____

Address Bernie Mo Date signed 12-31-43

RECEIVED

District Health Office No. 2,

District File Number 244-262

Date Filed 9-8-44

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.