

1. PLACE OF DEATH:

(a) County Appaix
(b) City or town Kirksville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Langham, D.
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mich (b) County 999
(c) City or town Owosso Mich (If outside city or town limits, write "RURAL") 20
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME

Mildred Lyons

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

4. Sex F 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Lyons 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Dec 24 1906 (Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Brookfield Mo. (City, town or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Harry Dalton
13. Birthplace Tenn (City, town or county) (State or foreign country)
14. Maiden name Caroline
15. Birthplace Mo (City, town or county) (State or foreign country)

16. (a) Informant Mrs Wood Ogden

(b) Address Brookfield Mo
17. (a) Burial (b) Date thereof Apr 29 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ross Hill Cemetery

18. (a) Signature of funeral director James Bowditch

(b) Address Brookfield Mo

19. (a) 4/28/44 (b) Mrs J. Wagoner (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1944 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-25-44 to 4-26-44 19...
that I last saw h. W alive on 4-26-44 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma of brain
Due to Secondary to breast cancer which was operated on some months ago

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) (a) Means of injury 2

23. Signature Mrs W. Wagoner (M. D. or other) 90
Address Porto Rico Mo Date signed 4/28

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

MAR 25 1946

RECEIVED

District Health Officer No. 10

District File Number 5-44-265

Date Filed MAY 11 1944

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 *R. P. Rivers*

Licensed Embalmer No. 1407

P. O. Address Kingsville

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.