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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon

State File No. 21561

Registrar's No. 517

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 730 E. Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Sallie Lyons
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Robert Lyons
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased August (Month) 2 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 75	10	17	hr. min.

9. Birthplace Owens Mills (City, town, or county) D Missouri (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name F. C. Owens
13. Birthplace Unk. (City, town, or county) 1 Tennessee (State or foreign country)
MOTHER
14. Maiden name Elizabeth Brown
15. Birthplace Unk. (City, town, or county) 0 Missouri (State or foreign country)
16. (a) Informant Mrs. Mary Scofield
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-22-44 (Date received local registrar) (b) Robt W. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1944 hour 8 minute 25 a. M.
21. I hereby certify that I attended the deceased from July '43, 19 to 6/19/44, 19; that I last saw her alive on 6/18/44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolus at bifurcation of aorta, occluding both common iliac arteries	2 da
Due to Hypertensive heart disease	5 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? (e) Means of injury

23. Signature J. B. Lemmon (M. D. or other) M.D.
Address Springfield Mo Date signed 6/19 '44

944 (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 L. Dealine Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.