

Registration District No. 211

Primary Registration District No. 6151A

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard Co.
(b) City or town East Mo
(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 1
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town East Rural 103
(d) Street No. R/ 11
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME PEARLY CORINE LYONS

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

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 7 1944

8. AGE: Years _____ Months 1 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Johanna Ligonia
13. Birthplace Knoxville Tenn. (City, town, or county) (State or foreign country)

{ 14. Maiden name La Vada Brown
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Johanna Ligonia
(b) Address East Mo.

17. (a) Burial (b) Date thereof 7. 10 44
(c) Place: burial or cremation Payson Cemetery

18. (a) Signature of funeral director Walters Funeral Service
(b) Address West Mo.

19. (a) Aug. 4-44 (b) Nora Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1944 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7-7
1944, to 7-8 1944

that I last saw him alive on 7-8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

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 A.M. Borno (M. D. or other) _____
Address Morehouse Mo. Date signed 7/9/44

Physician Richard
Underline the cause to which death should be charged statistically.

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

*2002
from
Mrs. Jones*

RECEIVED

District Health Office No. 2,

District File Number 844-1093

Date Filed 8-9-44

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.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Raymond Steele

Licensed Embalmer No. 2476

P. O. Address Box 272 Dexter, 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, above space should be left blank.