

FILED SEP 10 1944

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 213

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 401 W. Mary
(If not in hospital or institution, write street number or location)

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

In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 401 W. Mary
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Andrew Jackson Lyons

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Jane Lyons

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 30 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Armonsville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Agriculture

MOTHER FATHER

12. Name James Lyons

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

14. Maiden name Mary Hatfield

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

16. (a) Informant Eugene Lyons

(b) Address Brushbar, Mo.

17. (a) Burial (b) Date thereof 8-10-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Refuge Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Mo.

19. (a) 8-21-49 (b) Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 8 ih
year 1944 hour 76 minute 50 M.

21. I hereby certify that I attended the deceased from July 1944 to aug 8 1944;
that I last saw him alive on aug 8 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death central Hemorrhage Duration _____

Due to arterio-sclerosis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Kirksville, Mo. Date signed 9-21-49

RECEIVED
District Health Officer No. 10
District File Number 9-44-156
Date Filed SEP 7 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 Gertrude Casley Jr
Licensed Embalmer No. 3755
P. O. Address Haskell 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.