

FILED OCT 2 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3828

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3615 East 49th Street Terr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3615 East 49th St Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 1944 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____
Deputy Coroner
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Coronary occlusion

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy see above

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 injury) (e) Means of injury _____

23. Signature A. E. Upsher (M. D. or other) MD

Address 2311 N. McCarty Date signed 9/24/44

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

3. (a) PRINT FULL NAME

Mr Thomas H. LYONS

3. (b) If veteran, name war

World War # 1

3. (c) Social Security No.

No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Winifred L. Lyons

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 16th 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter & Decorator

11. Industry or business Contractor

12. Name Mr Thomas Lyons

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

14. Maiden name Hazel Florberg

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

16. (a) Informant Mrs Winifred Lyons

(b) Address 3615 East 49th St Terrace

17. (a) Burial (b) Date thereof 9-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Melody McGilley

(b) Address Kansas City Missouri

19. (a) 9-22-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

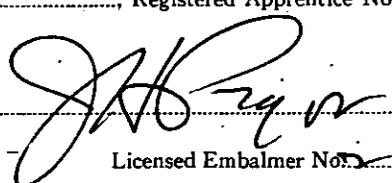
OCT 9 1944

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.....



Licensed Embalmer No. 929

P. O. Address..... KC

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.