

FILED NOV 24 1944
 1228

Registration District No.

Primary Registration District No. 2000

Registrar's No. 895

1. PLACE OF DEATH: **GREENE**
 (a) County.....
 (b) City or town..... Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution.....
1431 Benton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1
(Specify whether
 In this community..... 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town..... Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No..... 1431 Benton
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Patrick Lyons

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... Mary Lyons 6. (c) Age of husband or wife if alive..... Dec. years

7. Birth date of deceased..... March UNK. 1860.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 UNK. hr. min.

9. Birthplace County Clane Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business R.R. Engineer

MOTHER FATHER { 12. Name..... John Lyons
 13. Birthplace..... UNK. Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name..... UNK. Haley
 15. Birthplace..... UNK. Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Lyons
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 11/14/44
(Burial, cremation, or removal) (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) 11-14-44 (b) H. H. Lohmeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
 year 1944 hour 4 minute 30 a. m.

21. I hereby certify that I attended the deceased from Oct 20, 1944, to Nov 11, 1944;
 that I last saw him alive on Nov. 11. 10 pm., 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Enlarged lungs
Heart failure
 Due to Gall bladder disease 4 yrs

Other conditions pancreatic cholelithiasis 10 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy no

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? no (Specify type of place) (d) Means of injury.....

23. Signature..... W. L. Wills (M. D. number)
 Address Hollans Rd. Springfield, Mo.

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

JAN 10 1974

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..... *Walter E Hamilton*.....
Licensed Embalmer No. *3808*.....
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.

X