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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39018

FILED DEC 13 1944

State File No. ....

Registration District No. 351

Primary Registration District No. 6186

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Janey

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

(c) Name of hospital or institution:  
Near Brown Branch  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Janey 106

(c) City or town Brown Branch Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Near Brown Branch  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Julia A.V. Lyow

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th  
year 1944 hour 7 minute A M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased Oct 30th 1864  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>80</u>	<u>7</u>	<u>13</u>	hr. min.
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Immediate cause of death

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

Senility

10. Usual occupation Housewife

Due to Chronic Myocarditis

11. Industry or business.....

Due to.....

12. Name J. L. Jones

Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations.....

14. Maiden name Elega Bell

Of autopsy.....

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Other Pierce

22. If death was due to external causes, fill in the following:

(b) Address McClure Mo.

(a) Accident, suicide, or homicide (specify).....

17. (a) Burial (b) Date thereof June 13 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence.....

(c) Place: burial or cremation Bethel Cemetery

(c) Where did injury occur?..... (City or town) (County) (State)

18. (a) Signature of funeral director McClure

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(b) Address 1110 1/4 St Louis

(Specify type of place) While at work? (c) Means of injury.....

19. (a) 11/10/44 (b) Louise Foyt  
(Date received local registrar) (Registrar's signature)

23. Signature J. L. Bentley (M. D. or other).....

Address 1110 1/4 St Date signed 11-9-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1244-1332

Date Filed DEC 12 1944

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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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Gainesville, Tex

**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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 100  
Registrar's No. 29

Registration District No. 351 Primary Registration District No. 6186

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

1. PLACE OF DEATH:

(a) County... Jarvis  
(b) City or town... Rural - Boone Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(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...  
In this community...  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... (b) County...  
(c) City or town... (If outside city or town limits, write "RURAL")  
(d) Street No... (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Julia A. Lyon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Oct 30  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

80

7

0

0 min.

9. Birthplace

Mo  
(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1919 year 19 hour 2 minute 00 M.

21. I hereby certify that I attended the deceased from 1919 to 1919

at least saw him alive on July 19 1919 and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

39018

1914

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