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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20100

State File No.

Registration District No. 62 Primary Registration District No. 5238 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Dunnegan (Rural) (Jefferson Bur)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 Miles West of Dunnegan
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Missouri (b) County Cedar 0

(c) City or town Dunnegan (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles West of Dunnegan
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Sarah Jane Lyon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. J. Lyon

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

7. Birth date of deceased Oct. 6, 1849
(Month) (Day) (Year)

8. AGE: Years 95 Months 7 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeper

11. Industry or business House Work

FATHER
12. Name Bradshaw
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hall
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant J. W. Lyon

(b) Address Dunnegan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Dunnegan Cemetery

18. (a) Signature of funeral director Erwin and Blue

(b) Address Balmar Mo.

19. (a) 7-2-45 (Date received local registrar) (b) Mrs Ethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 13 year 1945 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan, 1945, to May 13, 1945 that I last saw her alive on Jan, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of womb	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 486

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Roscoe C Nunns (M. D. ~~or other~~) M D

Address Hermansville Mo Date signed 5-15-45

1298

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District Number 6-45-637
Date Filed 7-10-45

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.