S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28154

FILED SEP 14 1945

Registration District No. 3052 Primary Registration District No. 3052 Registrar's No. 208

**1. PLACE OF DEATH:**
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hours (Specify whether years, months or days)
In this community: 15 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 217 E. 6th 4
(If rural, give location) No. 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Alice M. Lyman
3. (b) If veteran, name war: none
3. (c) Social Security No.: 494-16-985
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: J.B. Lyman
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: December 21, 1883 (Month) (Day) (Year)
8. AGE: Years 61 Months 7 Days 18 If less than one day hr. min.
9. Birthplace: Rome, Georgia (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: William Jones
FATHER 13. Birthplace: Chattanooga, Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Amelia Wilson
MOTHER 15. Birthplace: Campbell County, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Clarence Canady (son)
(b) Address: Albuquerque, N.M.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Duane Evans
(b) Address: Sedalia, Mo.
19. (a) 8/13/45 (Date received by local registrar) (b) Mrs. Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 9 year 1945 hour 8:15 minute P.M.
21. I hereby certify that I attended the deceased from 8-7, 1945, to 8-9, 1945; that I last saw her alive on 8-9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Left side Cerebral Hemorrhage — Duration 4 da.
Due to: Hypertension
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? (Specify type of place)
While at work: (e) Means of injury: 0
23. Signature: (M. D. or other) B.D.
Address: Date signed: 8/13/45

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-6-45

## 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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.**