

FILED JUN 7 1946

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
8 Kuhlman Court
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 8 Kuhlman Ct. 4
(If rural, give location)

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

3. (a) PRINT FULL NAME PAUL CASWELL LYDA

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

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

6. (b) Name of husband or wife Isabelle Wade Lyda 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 - 1 - 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER

12. Name Gideon C. Lyda

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

14. Maiden name Sally Todd

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

16. (a) Informant Mrs. Paul C. Lyda

(b) Address 8 Kuhlman Ct. Columbia, Mo.

17. (a) Burial (b) Date thereof 5-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Carson Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-22-46 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 19 1946 to May 19 1946
that I last saw alive on May 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 30 min
Duration

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. Baskett (M. D. or other) M.D.

Address Columbia Date signed 5/24/46

EMBALMER

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 6-5-46

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 Tom M. Harg
Licensed Embalmer No. 2067
P. O. Address Columbia, 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.