. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

30632

State File No.

FILED OCT 5 1946

Registration District No. 15 9

Primary Registration District No. 3028

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Jasper Carthage

(b) City or town ~~Rural Mineral Township~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town "RURAL" (If outside city or town limits, write "RURAL") 1

(d) Street No. Route 4 Carthage, Mo. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Nora LANYON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Charles Sherman Lanyon

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October (Month) 22 (Day) 1883 (Year)

8. AGE: Years 62 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Peter Jundy
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country) 1

MOTHER
14. Maiden name Emma Jane Keithley
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Charles Sherman Lanyon

(b) Address Route 4 Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 30 (Day) 46 (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 9-30-46 (Date received local registrar) (b) R. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th. year 1946 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 24 Sept 1946, to 27 Sept 1946 that I last saw her alive on 27 Sept 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 min
Due to: Arteriosclerotic Heart Disease	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Syphilis	Unknown

Major findings:
Of operations
Of autopsy

131 B

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 [illegible] (M. D. or other) MD

Address 407 Main, Carthage, Mo. Date signed 9/30/46

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(Licensed Embalmer's Statement on Reverse Side)

46-9-848

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 Geo. "O" Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.