

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 12 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33659**  
Registrar's No. **4583**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson Co.**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 hrs 29 min**  
(Specify whether years, months or days)  
In this community **7 hrs 29 min**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1841 Vassar**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lynn Lyons**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **30**  
year **1946** hour **3** minute **45 P.M.**  
21. I hereby certify that I attended the deceased from **10-30-46**  
**8:16 A.M.** to **3:45 P.M. - 10-30-46**  
that I last saw her alive **at 3:45 P.M. - 10-30-46**  
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **0**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **10 30 1946**  
(Month) (Day) (Year)

Immediate cause of death **Anoxia** Duration \_\_\_\_\_  
Due to **Prematurity - 6 month ation.**  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**7 hr 29 min**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **159**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Kansas City, Mo.** (City, town, or county) (State or foreign country)  
10. Usual occupation **infant**

11. Industry or business \_\_\_\_\_  
12. Name **Thomas J. Lyons**  
13. Birthplace **Kansas City Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Caroline Ramsey**  
15. Birthplace **Independence Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. T. J. Lyons**  
(b) Address **1841 Vassar, Indep. Mo.**  
17. (a) **Burial** (b) Date thereof **Oct. 31, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **Mt. St. Mary's**  
18. (a) Signature of funeral director **Thos. E. Quirk**  
(b) Address **4316 Troost Ave.**  
19. (a) **10-31-46** (Date received local registrar)  
(b) **Geraldine Adams** (Registrar's signature)

Home (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_  
23. Signature **Richard S. [Signature]** (M. D. or other) \_\_\_\_\_  
Address **231 W. 47th St.** Date signed **31 Oct 46**

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

MOTHER FATHER

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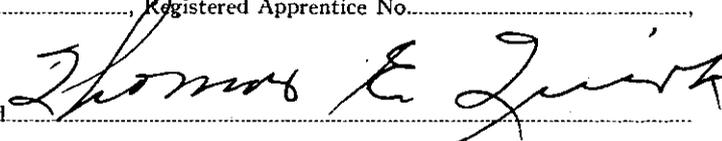
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No.....

P. O. Address.....

**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.**