

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7626

State File No. \_\_\_\_\_

FILED FEB 28 1947  
Registration District No. 5100

Primary Registration District No. 3076

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108  
(c) City or town Nevada 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 820 26 Maple 2  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. ✓

3. (a) PRINT FULL NAME George Brite Lyeu

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept 12 1976  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 21 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace Mercer Co Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Bridge Builder

11. Industry of business \_\_\_\_\_

12. Name Philip B. Lyeu

13. Birthplace unknown Ky. (City, town, or county) (State or foreign country)

14. Maiden name unknown Kennedy

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

16. (a) Informant Billy Lyeu

(b) Address Nevada Mo.

17. (a) burial (b) Date thereof 2-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Home

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Nevada Mo.

19. (a) 2-20-47 (b) Lester Vance  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd.  
year 1947 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 21 1946 to Feb 2nd 1947  
that I last saw him alive on Feb 1st 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Cystic Disease of Right Lung  
Due to (Congenital? or Bronchiectatic?)  
Other conditions Neurofibromatosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 14 E

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) \_\_\_\_\_ (e) Means of injury 0

23. Signature W. B. Baxter Davis (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo. Date signed 2-9-47

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

MOTHER FATHER

Handwritten notes in the top left corner, possibly including "L. H. ...".

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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

*H. H. Warraduke*

Licensed Embalmer No. 2070

P. O. Address

*Irivada, 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.**