

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38292
Registrar's No. 5044

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution Menorah 4949 Rockhill
(d) Length of stay: In hospital or institution 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missour (b) County Lafayette
(c) City or town Higginsville Mo 54
(d) Street No. R.F. D #1
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARY LYONS
3. (b) If veteran, name war. no 3. (c) Social Security No. none
4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased October 31 1878 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. 30 day 30 year 1947 hour 3-15 minute 15 M.
21. I hereby certify that I attended the deceased from 11/15/47 to 11/30/47
that I last saw her alive on 11/30/47 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 0 Days 29 If less than one day hr. min.
9. Birthplace Mo. (City, town, or county) (State or foreign country)

Immediate cause of death: Coronary Thrombosis (Carcinoma of Uterus)
Due to Generalized atherosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Carcinoma of uterus
Of operations
Of autopsy 485

10. Usual occupation at home
11. Industry or business
12. Name John K. Lyons
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Polly Lyons
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Willetta Lyons (b) Address 3727 Cass K.C. Mo.
17. (a) Burial (b) Date thereof 12-1-47 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo.
18. (a) Signature of funeral director Refugio Staeger (b) Address Higginsville Mo.
19. (a) 12-1-47 (b) Geraldine Volner (Date received local registrar) (Registrar's signature)

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 Leola C. Johnson (M. D. or other) Address 1107 Grand Ave Date signed 1/30/47

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

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.