No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 8 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11336

Registration District No. 37X Primary Registration District No. 6185 Registrar's No. 13

114
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1. PLACE OF DEATH:

(a) County Wright

(b) City Rural Mtn. Grove, Mtn. Grove Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 28 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Rural Mtn. Grove Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME DORIS ELLEN LYONS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, divorced Widowed

6. (b) Name of husband or wife Walter E. Lyons

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

7. Birth date of deceased June 12, 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace RAVENNA (City, town, or county) NEBRASKA (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward F. Langheine
13. Birthplace Chambersburg, Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Yochem
15. Birthplace Michigan City, Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. F. Langheine
(b) Address Mountain Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Russell Barber
(b) Address Mtn. Grove, Mo.

19. (a) 3-10-48 (Date received local registrar) (b) A. B. Amos (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1948, to Mch 8 1948 and that I last saw he alive on Mch 6 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of both lungs	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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

23. Signature H. G. Frame (M. D. or other)
Address Mountain Grove, Mo. Date signed 3/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 348-388
Date Filed MAR 31 1948

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.