FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 19 1948

Registration District No. 333

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 21868

Registrar's No. 70

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 817 N. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: yes (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott 100
(c) City or town: Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 817 N. Kingshigh way 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Doll Lyonns
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Bertha Lyonns
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Dec. (Month) 10 (Day) 1875 (Year)

8. AGE: Years 72 Months 5 Days 27 If less than one day hr. min.

9. Birthplace: Tenn (City, town, or county) (State or foreign country)
10. Usual occupation: Common Laborer
11. Industry or business:
12. Name: Will Lyonns (FATHER)
13. Birthplace: Tenn (City, town, or county) (State or foreign country)
14. Maiden name: Unknown (MOTHER)
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Bertha Lyonns
(b) Address: 817 N. Kingshigh way
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston Cemetery
18. (a) Signature of funeral director: Fred Smith
(b) Address: 1212 Maud Street Sikeston Mo
19. (a) 6-14-48 (Date received local registrar) (b) Mo. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June 7 day: year: 1948 hour: 10 minute: A.M.
21. I hereby certify that I attended the deceased from 4-12-48 5-29, 1948, to, 19; that I last saw him alive on 5-29-48, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hemiplegia | |
| Due to: Vascular Hypertension | 1 yr |
| Due to: Chr. Cardiac Vascular Disease | 1 yr |
| 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: Thomas C. McClure (M. D. or other)
Address: Sikeston, Mo. Date signed: 6-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

RECEIVED
District Health Office No. 2
District File Number 648922
Date Filed 6-12-68

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 [illegible]

Licensed Embalmer No. 4371

P. O. Address 1721 Coleman St. Louis 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.