S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 15 1948
Registration District No. [illegible]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27077
Primary Registration District No. 4330
Registrar's No. 49

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town East Prairie
(If outside city or town limits, write "RURAL") 67
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ORA LYONS
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Lyons
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Dec. (Month) 23 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
60	7	22	hr. min.

9. Birthplace Stewart County, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Saw Milling
11. Industry or business
MOTHER FATHER
12. Name William Lyons
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name Sally Wherling
15. Birthplace Stewart County (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Lena Lyons
(b) Address East Prairie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation W.O.W. Cemetery
18. (a) Signature of funeral director Lyons Shelby
(b) Address East Prairie Mo
19. (a) Sep 16, 1948 (Date received local registrar) (b) Anna Harper Dept. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1948 hour 9:45 minute a. M.
21. I hereby certify that I attended the deceased from Aug 12, 1948, to Aug 15, 1948 that I last saw him alive on Aug 14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy Cerebral	3 days
Due to Arteriosclerosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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. C. Martin (M. D. or other)
Address East Prairie Mo. Date signed 8-30-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 948-1152
Date Filed 9-13-48

DEC 11 1953

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 Frank Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.