

No. 300
1-10-47
5-17-39
I 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 1 1948
Registration District No. 149

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29856
Registrar's No. 3841

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3019 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 34 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME NELSON F LYON
3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roberta Lyon 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 17 1870-1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 2 If less than one day hr. min.

9. Birthplace St Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Morton Salt Co.

12. Name Edward Lyon
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roberta Lyon
(b) Address 3019 Wabash

17. (a) Burial (b) Date thereof Sept 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2815 Linwood K. C. 3 Mo

19. (a) 9-20-48 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3019 Wabash
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 19
year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-15-48
to 9-19, 1948
that I last saw him alive on 9-19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Duration
Due to Chronic Coronary Arteriosclerosis

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death) 940

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury 0
23. Signature M F Jewell (M. D. or other) M.D.
Address 1722 W 37 Date signed 9-20-48

Dr. M. F. Sewell -
1722 W. 39th
Va. 5883

STATEMENT BY LICENSED EMBALMER

2012

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 Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address Houses, Ciarro

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.