. No. 300
1—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30043

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 270

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1½ Hours (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 4
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1841 Vassar 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Caroline Ramsey Lyons

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas I. Lyons
6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased January 17 (Month) 1909 (Day) (Year)

8. AGE: Years 39 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Independence (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name J. Watson Ramsey
13. Birthplace Everett, Penna. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ollie Mae Martin
15. Birthplace Independence, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant J. W. Ramsey Jr.
(b) Address 1841 Vassar, Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott + Mitchell
(b) Address 310 No Main St Indep Mo

19. (a) 9-9-48 (Date received local registrar) (b) [signature] (Registrar's signature) 22117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th Dr. Allen
year 1948 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 6 ~ 1948 to Sept 7, 1948, to ____, 19__;
that I last saw her alive on Sept 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Metastatic Carcinomatosis	6 mo
Due to Primarily Carcinoma of the Colon	
Due to Operated 2½ years ago.	
Other conditions (Include pregnancy within 3 months of death) 46 E	
Major findings: Of operations Carcinoma of the Colon	
Of autopsy No 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 [signature] (M. D. or other)
Address Independence, Mo. Date signed 9/8/48

(Licensed Embalmer's Statement on Reverse Side)

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. 3156

P. O. Address Indep. 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.