

No. 300
10-47
5-17-39
PI 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36715
4930
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution ST. JOSEPH HOSPITAL
(d) Length of stay: In hospital or institution 2 DAYS
In this community 2 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town RURAL P. D. #2 KANSAS CITY
(d) Street No. 50 HIGHWAY & HARRIS RD.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME MRS. WILHELMINA MAEM. LYON
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Nov 30 1948
hour 5:45 minute A.M.

4. Sex FEMALE Color or race WHITE
5. (a) Single, widowed, married, divorced MARRIED
6. (a) Name of husband or wife GLEN LYON
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased DECEMBER-11-1911

21. I hereby certify that I attended the deceased from 2/8/47 to Nov 30 1948
that I last saw her alive on Nov 29 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 11 Days 19

Immediate cause of death: Cerebral Hemorrhage
Due to Hypertensive Heart Disease
Duration 48 hrs.

9. Birthplace LEWIS KANSAS

Other conditions: None
Major findings: Of operations 930

10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME

12. Name ISAAC MEANS
13. Birthplace UNKNOWN KANSAS
14. Maiden name FRANCES CRAWFORD
15. Birthplace UNKNOWN MISSOURI

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury

16. (a) Informant MR. JAMES GLEN LYON
(b) Address 50 HIGHWAY & HARRIS RD. P. D. #2 KANSAS CITY

17. (a) BURIAL (b) Date thereof DEC 2-1948
(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-2-48 (b) Geraldine Holmes

23. Signature Martin P. Hunter (M. D. or other) M.D.
Address 1408 Walden Rd. Date signed 1/29/49

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

MOTHER FATHER

1:30

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.