

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20420
State File No. _____
Registrar's No. 125

FILED JUN 14 1945

Registration District No. 157

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town La Bree - Davis Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether _____)
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 93
(c) City or town Leominster Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. St Clair Co. 20 yrs
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADA M. LYON
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1945 hour 1:30 minute P.M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw him alive on June 21 _____ 1945
and that death occurred on the day and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Sam Lyon (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov 3 1860
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 10 years

8. AGE: Years 84 Months 7 Days 19 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Pontiac Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Super

11. Industry or business _____

MOTHER FATHER
12. Name UNKNOWN
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)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Leslie Lyon
(b) Address La Bree Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-45
(Month) (Day) (Year)
(c) Place: burial or cremation La Bree - Cem

18. (a) Signature of funeral director H. J. Vincent
(b) Address Leominster

19. (a) June 23 (Date received local registrar) (b) Mystel Browde (Registrar's signature)

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 200
23. Signature Edw Barnett (M. D. or other) 200
Address 129 S. Washington Date signed 6/20/45

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

RECEIVED
District Health Officer No. 71
District File Number 6-15-6882
Date Filed 2-12-43

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 N. J. Vansant
Licensed Embalmer No. 3779
P. O. Address Blinton

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.