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FILED MAR 16 1948

Registration District No. **139**

Primary Registration District No. **5519**

Registrar's No. **58**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Huntingdale, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
West of School House
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community **5 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Henry**

(c) City or town **Huntingdale**
(If outside city or town limits, write "RURAL")

(d) Street No. **West of School House**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **William Lyon**

3. (b) If veteran, **name war** _____

3. (c) Social Security No. _____

4. Sex **MO** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Elizabeth Lyon**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **July 29 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	7	br. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Jamies 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 **Winfred Lyon**

(b) Address **Huntingdale, Mo.**

17. (a) Burial **(b) Date thereof 3-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paul Cemetery**

18. (a) Signature of funeral director **Fred Wilkinson**

(b) Address **Clinton, Mo.**

19. (a) 3-8-48 **(b) R.R. Kenney**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **6**
year **1948** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Feb 1**
1948, to **March 6** **1948**

that I last saw him alive on **3-4** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**

Duration **2.71**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations **1318**

Of autopsy _____

PHYSICIAN
Underline the cause of 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. Walker** (M. D. or other) **M.D.**

Address **Clinton Mo** **Date signed** **3-8-48**

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

20

RECEIVED

District Health Officer No.

District File Number 2-48-24

Date Filed 3-15-48

MAR 19 1948

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

Fred W. Williams, Jr.
Licensed Embalmer No. 4510

P. O. Address Clinton, 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.