S. No. 2
—11-10-39
r. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22018

Registration District No. 408 | Primary Registration District No. 5563A | Registrar's No. 125

1. PLACE OF DEATH:
(a) County: Jasper
(b) ~~City or town~~ ~~Rural Route~~ #4 E Jackson Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper County Alms House
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years 2 (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City
(If outside city or town limits, write "RURAL")
(d) Street No.: 511 North Walker
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: William Lytle 340
3. (b) If veteran, name war: None (500-09-12738) (c) Social Security No.: None
4. Sex: Male
5. Color or race: W.
6. (a) ~~Single, widowed~~, married, ~~divorced~~: Married
6. (b) Name of husband or ~~wife~~: Myrtle Lytle
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: December 21 (Month) 1880 (Day) (Year)
8. AGE: Years 59 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.
9. Birthplace: No data (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Common Laborer
11. Industry or business: W. P. A.
12. Name (Father): J. E. Lytle
13. Birthplace (Father): Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name (Mother): Phobe Glover
15. Birthplace (Mother): Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Myrtle Lytle
(b) Address: Webb City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Cemetery
18. (a) Signature of funeral director: Hedge-Nelson
(b) Address: Webb City, Missouri
19. (a) June 18, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 15 day 15th year 1940 hour 11:10 minute P. M.
21. I hereby certify that I attended the deceased from 5/10/40, 19__ to 6/15/40, 19__; that I last saw him alive on 6/13/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 Day
Due to: Hypertension	Unknown
Due to: Arteriosclerotic Heart Disease	Unknown
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: [illegible] M. D. or other
Address: [illegible] Date signed: 6/17/40

(Licensed Embalmer's Statement on Reverse Side)

40-7-185

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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 ..... C. W. Hedge ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb 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, above space should be left blank.