

FD-110  
S. No. 2  
-11-10-39  
v. 5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26536**  
Registrar's No. **178**

Registration District No. **875**

Primary Registration District No. **6162**

108

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

**1. PLACE OF DEATH:**  
(a) County Vernon  
(b) City or town Vernon-Washington  
(c) Name of hospital or institution: State Hospital #3  
(d) Length of stay: In hospital or institution 2 yrs - 1 mo - 4 days  
In this community same

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Johnson County  
(c) City or town Holden  
(d) Street No. Not known  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Robert Lytle  
8. (b) If veteran, name war No 8. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 20 year 1940 hour 1:40 minute A M.  
**21. I hereby certify that I attended the deceased from** June 16, 1938 to July 20, 1940; that I last saw him alive on July 19, 1940 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Missie 6. (c) Age of husband or wife if alive Don't know years  
7. Birth date of deceased Sept. 3, 1874

Immediate cause of death Hypertensive Heart Disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years 65 Months 10 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Johnson County, Mo.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**10. Usual occupation** Farmer  
**11. Industry or business** Farming  
**MOTHER FATHER**  
12. Name Ed Lytle  
13. Birthplace Clay County, Mo.  
14. Maiden name Maxy Smith  
15. Birthplace Don't know

**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? 775  
While at \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
**23. Signature** Allen V. Hays (M. D. or other) 1940  
Address Veranda, Mo. Date signed 7-20-40

**16. (a) Informant** Margaret Van Bibber (sister)  
(b) Address Waverburg, Mo.  
**17. (a)** Burial (b) Date thereof July 21, 1940  
(c) Place: burial or cremation Holden Cemetery  
**18. (a) Signature of funeral director** Wm. Gardner  
(b) Address Holden, Mo.  
**19. (a)** 7-23-40 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 7,  
District File Number 8-40-1786  
Date Filed 8-9-40

**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..... *M. G. Gordon*  
Licensed Embalmer No. *2424*  
P. O. Address..... *Holden 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.**