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FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1485  
State File No. 445  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community unknown years, months or days

3. (a) PRINT FULL NAME ERNEST LYLES

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced 2 widowed  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 51 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation laborer

11. Industry or business  
12. Name unknown  
13. Birthplace unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Ernest Harrison  
(b) Address 613 Walnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director E. Sterling Hills  
(b) Address 1811 E. 12th St. KC, Mo.

19. (a) Jan 30, 1941 (Date received local registrar) (b) M. M. Chow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City 48 (If outside city or town limits, write "RURAL")  
(d) Street No. 214 1/2 E. Missouri Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 24 year 41 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4:00 a.m. to 9:19 that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death acute chronic pulmonary edema  
Due to hypertensive heart disease  
Other conditions (Include pregnancy within 3 months of death) 93 D

Major findings: Of operations \_\_\_\_\_  
Of autopsy Yes

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)  
23. Signature W. L. Pro (M. D. or other) 3  
Address W. L. Pro Date signed \_\_\_\_\_

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

**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 *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1811 E. 12 K. C. 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.**