No. 2
4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED SEP 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28187

Registration District No. 259 Primary Registration District No. 4156 Registrar's No.

1. PLACE OF DEATH:
(a) County: DeKalb
(b) City or town: Amity (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 / In this community: 40yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: DeKalb
(c) City or town: Amity (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nancy Isabelle Lytle
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Jobe Lytle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: October (Month) 18 (Day) 1851 (Year)

8. AGE: Years	Months	Days	If less than one day
89	9	27	hr. min.

9. Birthplace: Atchison Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
FATHER 12. Name: William Daniels
FATHER 13. Birthplace: Alabama (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: " (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Mary Lytle
(b) Address: Amity Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: XXXXXX Westboro Mo.
18. (a) Signature of funeral director: Bilcher Funeral Home
(b) Address: Maysville Mo
19. (a) 8-19-41 (Date received local registrar) (b) E Boner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1941 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Aug 9, 1941 to Aug 15, 1941 that I last saw her alive on Aug 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Skull (Basal) — Duration: 6 days
Due to: Injury - fall
Due to:
Other conditions: Numerous bruises
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
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): accident
(b) Date of occurrence: Aug 9, 41 0530
(c) Where did injury occur? Amity (City or town) DeKalb (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell on stairs at Home (Specify type of place)
While at work? no (e) Means of injury: Fall
23. Signature: W. R. Reynolds (M.D. or other)
Address: Maysville Mo Date signed 8/16

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3960

P. O. Address Maysville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.