

No. 2
1-4-41
5-17-39
1 390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41835**
Registrar's No. _____

FILED JAN 22 1942 311
Registration District No. _____

Primary Registration District No. **5433**

1. PLACE OF DEATH:
(a) County **Dentry**
(b) City or town **Parnell (Rural)**
(c) Name of hospital or institution: **4 mi South East**
(d) Length of stay: In hospital or institution **61 yrs.**
In this community **61 yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.**
(b) County **30**
(c) City or town **Parnell (Rural)**
(d) Street No. **4 mi. S.E.**
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **ROSE BELLE LYLE**
(b) If veteran, name war **no**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **16**
year **1941** hour **11** minute **30 a.** M.
21. I hereby certify that I attended the deceased from **Nov 13**
1941 to **Nov 16** 19**41**
that I last saw her alive on **Nov 16** 19**41**
and that death occurred on the date and hour stated above.

4. Sex **F.** Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Fremont Lyle**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Jan. 20 1862**
(Month) (Day) (Year)

Immediate cause of death **Hemiplegia with Paralysis**
Due to **High Blood pressure and a cold**
Due to _____
Duration **3 days**

8. AGE: Years **79** Months **9** Days **16**
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **438**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Dentry Co. Mo.**
10. Usual occupation **Housewife**
11. Industry or business _____
12. Name **Cabbage B. Needles**
13. Birthplace **Morrow Co. Ohio**
14. Maiden name **Katherine Needles**
15. Birthplace **Ohio**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(c) Means of injury _____
23. Signature **E. Robert Crowder** (M. D. or other) _____
Address **Parnell Mo.** Date signed **Nov 16 1941**

16. (a) Informant **Mrs. C. H. Reece**
(b) Address **Parnell Mo.**
17. (a) **Burial** (b) Date thereof **Nov. 18, 1941**
(c) Place: burial or cremation **Parnell Cemetery**
18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Marionville Mo.**
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2831 (Licensed Embalmer's Statement on Reverse Side)

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

EMERALD BURIAL HOME

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..... *John W. Price*

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.

Registration District No. 626

Primary Registration District No. 5828

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural
(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..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rose B Lyle

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 14, year 1941, hour..... minute..... M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Jan 20
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him/her alive on..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

8. AGE: Years 79 Months 9 Days 15 If less than one day, in..... min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name.....

{ 13. Birthplace (City, town, or county) (State or foreign country)

{ 14. Maiden name

{ 15. Birthplace (City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

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

16. (a) Informant..... (b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

(19. (a) Feb 2, 1942 (Date received local registrar) (b) Homer M. Zebotz (Registrar's signature)

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..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

REPUBLICAN PARTY
NATIONAL COMMITTEE

MEMORANDUM FOR THE RECORD
DATE: [illegible]
SUBJECT: [illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

RECEIVED [illegible] [illegible] [illegible]