

State File No.

FILED MAR 31 1942

Registration District No.

Primary Registration District No. 1

Registrar's No. 98

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

001
633

1. PLACE OF DEATH
 (a) County Adair
 (b) City or town Rehersville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Laughlin
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution Three days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Lewis 05200
 (c) City or town Keosauqua
 (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 LAWRENCE ELLWOOD KYLE
 3. (b) If veteran, name war —
 3. (c) Social Security No. —

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 12
 year 1942 hour 7 minute — P. M.
 21. I hereby certify that I attended the deceased from Mar 3-
1942 to Mar 12 1942
 that I last saw him alive on Mar 12 1942
 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 Ella May Kyle
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Sept 8, 1913
 (Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
 Duration 10 days

8. AGE: Years 68 Months 6 Days 4
 If less than one day hr. min.

Due to Hypertensive, cardio-renal disease
 Due to —

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

Other conditions (Include pregnancy within 3 months of death) —

10. Usual occupation Laborer

Major findings: Of operations —

11. Industry or business —

Of autopsy —

12. Name Lillis Kyle

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

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

14. Maiden name Rose Ann Smith

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

16. (a) Informant Mrs. B. E. Walker
 (b) Address Rehersville

17. (a) Burial (b) Date thereof 3/15-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keosauqua City

18. (a) Signature of funeral director Sumner Powell
 (b) Address Rehersville Mo

19. (a) Mar. 25 1942
 (Date received local registrar) (Registrar)

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) —
 (e) Means of injury —

23. Signature E. H. Laughlin (M. D. or other) MD
 Address Rehersville Mo Date signed 3/16/42

4047

MAR 27 1942

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 W. C. Sumner

Licensed Embalmer No. 3159

P. O. Address Kirkville, 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.