

FILED SEP 24 1942

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3378

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:
209 Garfield 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 43 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 209 Garfield
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. LILLIE F. LYLE

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Charles H. Lyle 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased: (Month) 7 (Day) 18 (Year) 1862

8. AGE: Years 80 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Mosby Draper 13. Birthplace Ky 1 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Eulder

15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Lyle

(b) Address 209 Garfield N.E. Mo

17. (a) Burial (b) Date thereof 9/15/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int Wash Cemetery

18. (a) Signature of funeral director Steve McClure

(b) Address Kansas City, Mo.

19. (a) 9-14-42 (b) M. M. Croome (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1942 hour 1:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 30, 1940, to September 12, 1942
 that I last saw her alive on September 12, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion with chronic myocarditis and failing compensation.
 Due to Hypertension
Arteriosclerosis
 Due to _____

Other conditions Diabetes Mellitus; Chronic Nephritis
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

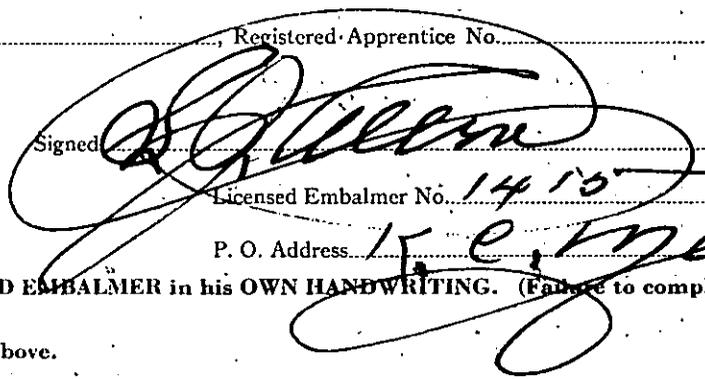
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury D.
 23. Signature Frank T. Machover (Physician or other) D.O.
 Address 207 Garfield Ave. N.E. Mo. Date signed 9-13-42

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. 1415

P. O. Address

15 E. 17th St.

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.