

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30731

State File No. \_\_\_\_\_

FILED OCT 14 1942

Registration District No. 79.8

Primary Registration District No. 5665

Registrar's No. 79

56  
00

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

1. PLACE OF DEATH:

(a) County LEWIS

(b) City or town Rural Salem  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles West Steffenville  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether years, months or days)

3. (a) PRINT FULL NAME PATRICIA ANN PYLES

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, Infant

6. (b) Name of husband or wife. \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased. Sept 7 1942  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>2 hr.</u> min.

9. Birthplace Lewis County Mo O  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Harold Virgil PYLES

13. Birthplace LEWIS COUNTY Mo O  
(City, town, or county) (State or foreign country)

14. Maiden name MILDRED LOUISE RAYMER

15. Birthplace Lewis County Mo A  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mildred Pyles

(b) Address Steffenville Mo

17. (a) Burial (b) Date thereof Sept 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steffenville Mo

18. (a) Signature of funeral director Anna K. Ball

(b) Address Ewing Mo

19. (a) Sept 12, 1942 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Rural Salem Township  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles W. of Steffenville  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7  
year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12 noon  
Sept 7 1942 to 1:45 PM 9/7 1942  
that I last saw HER alive on Sept 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock following premature birth

Due to 7 1/2 Mo. Premature

Due to Birth

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 159

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)

(2) Means of injury D

23. Signature Naeds B. Brown (M. D. or other) MB

Address Newark Mo Date signed 9/9/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-1926

Date Filed OCT 13 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 Anna K. Ball

Licensed Embalmer No. 2389

P. O. Address Ewing, 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.