

S. No. 2  
M-1-4-41  
v. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37102

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

FILED DEC 8 1942  
Registration District No. 124

Primary Registration District No. 5459

Registrar's No. \_\_\_\_\_

39  
00

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove Rr  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 11st Center township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove Mo R.R. 1  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 11st Center township  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marion Lee Kyle

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. Ma

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30th  
year 1942 hour 10 minute 39 A.M.

21. I hereby certify that I attended the deceased from past 3 years 19\_\_\_\_ to Oct 1942  
that I last saw him alive on Oct 25 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

(b) Name of husband or wife Lula May Snider

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 23 1876  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 3 yrs

Due to Probably Hypertension

8. AGE: Years Months Days If less than one day

66 1 7 hr. min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94a

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

10. Usual occupation farmer

11. Industry or business General Farming

12. Name Lee Fine Kyle

13. Birthplace Greene County Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Falden

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

PHYSICIAN

Major findings: Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Fred King

(b) Address Ash Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Pleasant's Church

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove Mo

19. (a) Dec 1942 (b) Jewell Williams  
(Date received local registrar) (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Charles H McFallie M.D. \_\_\_\_\_ M.D. \_\_\_\_\_  
Address Ash Grove Mo Date signed 12-1-42

1295 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 42-12-96

Date Filed 1/9/42

JAN 19 1943

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 Gene A. Driver

Licensed Embalmer No. 2668

P. O. Address Walden, N. C.

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.