

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

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

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Jackson Lyle

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 18  
Year 1942 hour 9:15 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 12  
1942 to November 18 1942  
that I last saw her alive on November 18 1942  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: June 2 1874  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

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

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

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

8. AGE: Years Months Days If less than one day  
68 5 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Daniel J. Stamper

13. Birthplace Don't know Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Holbrook

15. Birthplace Don't know Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Richardson  
(b) Address Clifton Hill, Missouri

17. (a) burial (b) Date thereof Nov. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Mo.

18. (a) Signature of funeral director Tom B. Patton  
(b) Address Phuntawidge Inn

19. (a) Nov. 20 - 42 (b) Jenna Hove  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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

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 Jessie H. Hove (M. D. or other) M.D.  
Address Moberly, Missouri Date signed Nov. 20, 1942

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

88  
6  
3

88  
0  
0

RECEIVED

District Health Officer No. 10

District File Number 12-42-3091

Date Filed DEC - 7 1942

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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

*Tom B. Patton*

Licensed Embalmer No.

3914

P. O. Address

*Huntsville, Va*

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.