

S. No. 2
-9.4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41097

State File No.

FILED JAN 11 1943

Registration District No. 160

Primary Registration District No. 5593

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
R. Route No. 1, DeSoto
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 6 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. Route 1 DeSoto
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rebecca Jane Pyle

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W. E. Pyle

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

7. Birth date of deceased Feb. 24, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day,
<u>87</u>	<u>9</u>	<u>14</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John C. Cape

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

14. Maiden name Williams

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

16. (a) Informant Lee Pyle

(b) Address R7A-18 De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec. 10, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Woodlaw)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo

19. (a) 12-14-42 (Date received local registrar)

(b) H. C. O'Neary (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to Dec 7, 1942
that I last saw her alive on Dec 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage about

Duration 5 days

Due to

Due to

Other conditions 83a
(Include pregnancy within 3 months of death)

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)

23. Signature Plattin, Mo. (M. D. or other)

Address De Soto Mo Date signed 12-9-42

1265 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. E. Mathershead

Licensed Embalmer No. 3531

P. O. Address 250 to m

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.