

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 5 1943

Registration District No. 2

Primary Registration District No. 4252

Registrar's No. 2

1. PLACE OF DEATH: Johnson
 (a) County: Center view Mo
 (b) City or town: (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Johnson 51
 (c) City or town: Center view Mo (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country: 0

3. (a) PRINT FULL NAME: William J. Kyle
 3. (b) If veteran, name war: no
 3. (c) Social Security No.: no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: Jan, day: 3rd, year: 1943, hour: 5:00, minute: 0, A.M.
 21. I hereby certify that I attended the deceased from Nov-42, 19, to 1-3-43, 19, that I last saw him alive on 1-1-43, 19, 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, Widowed
 6. (b) Name of husband or wife: Dec 28 1868
 6. (c) Age of husband or wife if alive years (Day) (Year)

Immediate cause of death: coronary thrombosis
 Due to: ch. arteriosclerosis
 Duration: ?
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations: gfa
 Of autopsy: ?

8. AGE: Years: 74, Months: 1, Days: 5, If less than one day: hr. min.
 9. Birthplace: Huston Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter
 11. Industry or business: M.J. Kyle
 12. Name: M.J. Kyle
 13. Birthplace: Penn (City, town, or county) (State or foreign country)
 14. Maiden name: Delia R. Barber
 15. Birthplace: North Center (City, town, or county) (State or foreign country)

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?

16. (a) Informant: Ethel C. Smith
 (b) Address: Center view Mo
 17. (a) Burial, cremation, or removal: Bural (b) Date thereof: Jan 5/1943 (Month) (Day) (Year)
 (c) Place: burial or cremation: Center view Mo
 18. (a) Signature of funeral director: W. Williams
 (b) Address: Warrership, Missouri
 19. (a) Jan 5, 1943 (Date received local registrar) (b) W. Williams (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury: 0
 23. Signature: R.F. McKusick (M. D. or other) MD
 Address: Warrership Mo Date signed: 1-5-43

1001

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 2-4-43

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 Samuel M. Cloney

Licensed Embalmer No. 3559

P. O. Address Tector, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.