

FILED MAR 2 1943

Registration District No. _____

Primary Registration District No. **5897**

Registrar's No. **2**

77
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ozark

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

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

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **77**

(a) State Missouri (b) County Ozark

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Defsy Kyle

3. (b) If veteran, name war _____

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 S. C. Kyle

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

7. Birth date of deceased January 21 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>0</u>	<u>25</u>	hr. _____ min.

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Isaac Bruer

13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Frankie Jesse

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

16. (a) Informant Wasa Gardner

(b) Address Nottingham, Missouri

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

(b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Thornfield,

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) _____ (Data received local registrar)

(b) Margaret Hutchison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1943 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 5
1943, to Feb. 16, 1943;
that I last saw her alive on Feb. 12, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Tumor

Due to severe cold.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

33 f

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? _____

(Specify type of place)

(e) Means of injury _____

23. Signature P. E. Hershong (M. D. or other) _____
Garnesville, Mo. Address _____ Date signed 2-17-48

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RECEIVED

District Health Officer No. 6,

District File Number 342-204

Date Filed MAR 4 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 J. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield 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.