

S. No. 2
M-2-48
5-17-3

29172

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 10 1943

Registration District No. 302

Primary Registration District No. 6042

Registrar's No. 1464

1. PLACE OF DEATH:

(a) County Ripley Co.
 (b) City or town Warner, Ind.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley
 (c) City or town Warner, Ind. (If outside city or town limits, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lucille Edna Lyles
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1943 hour 8:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from 7-23, 1943, to _____, 1943, that I last saw her alive on 7-23, 1943, 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 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3-15-1941 (Month) (Day) (Year)

Immediate cause of death Poisoned with an untold number of Aspirin tablets.
 Due to Toxin when her parents were absent.
 Duration _____

8. AGE: Years 2 Months 4 Days 8 If less than one day _____ hr. _____ min.
 9. Birthplace Naylor Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation child
 11. Industry or business _____
 12. Name Henry Lyles
 13. Birthplace Tenn (City, town, or county) (State or foreign country)
 14. Maiden name Ruby Jenkins
 15. Birthplace Ripley Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lee Pettigrew
 (b) Address Osby Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Antioch Cem.
 18. (a) Signature of funeral director G. K. Jordan
 (b) Address Hannibal Mo
 19. (a) 7/20/43 (Date received local registrar) (b) G. K. Jordan (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 J. Edgar Adamson (M. D.)
 Address Hannibal, Mo Date signed 7-26-43

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

2/00

1217

RECEIVED

District Health Officer No. 5,

District File Number 943541

Date Filed 9. 8 - 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.....

working under my personal supervision.

Registered Apprentice No.....

Signed J. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan

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.