S. No. 2
M—5-42
5-17-39
X328735

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31744

FILED OCT 14 1943

Registration District No. 340 Primary Registration District No. 3024 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Howard

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

(c) Name of hospital or institution: Lee Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 045 1

(c) City or town Fayette. Missouri 1 (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 0

3. (a) PRINT FULL NAME Richard Peeler Lyle

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, ~~widowed, married, divorced~~ Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 9 (Day) 1928 (Year)

8. AGE: Years 15 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation School Work.

11. Industry or business —

FATHER
12. Name William Matten Lyle
13. Birthplace Macon County Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Addie May ~~Lyle~~ Ancel
15. Birthplace Howard, County. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Lyle

(b) Address Fayette Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-43 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mount Pleasant Cemetery

18. (a) Signature of funeral director Guy T Halley

(b) Address Fayette Mo.

19. (a) 9-14-1943 (Date received local registrar) (b) Ernest McWillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Sept 6, 1943, to Sept 11, 1943 that I last saw him alive on Sept 11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis -	4 days
Due to acute appendicitis	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

121!!

Major findings: Of operations acute gangrenous appendicitis - peritonitis.

Of autopsy above findings - gen. peritonitis

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)

While at work? (e) Means of injury

23. Signature M P Leech MD (M. D. or other)

Address Fayette, Mo Date signed 9-11-43

1321 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-7-43

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.