S. No. 2
0M—2-43
5-17-39
I X35697

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. 385

FILED DEC 7 1943

Registration District No. 14043 Primary Registration District No. 4254 Registrar's No. 73

51

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Knob Noster Mo
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Johnson 51
(c) City or town Knob Noster Mo.
(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 LENA CLARA LYLE
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Geo Lyle
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Aug (Month) 22 (Day) 1862 (Year)

8. AGE: Years 81 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Johnson Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmers wife
11. Industry or business
FATHER
12. Name John Ragner
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dorothy Endrich
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Will C Sonhardt
(b) Address Knob Noster Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof N-20-43 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. K.N. Mo.
18. (a) Signature of funeral director C L Saults
(b) Address Knob Noster Mo.
19. (a) 11-19-1943 (Date received local registrar) (b) Mrs C L Saults (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 18 day 18th year 1943 hour 9 00 minute P M.
21. I hereby certify that I attended the deceased from Nov 14, 1943, to Nov 18, 1943 that I last saw her alive on Nov 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Bronchial Pneumonia (Hypostatic) — Duration
Due to
Due to
Other conditions (1) Chr. Valvular Disease (2) Chr. Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy — 131 b

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 G W Geoverwd (M. D. or other)
Address Knob Noster Mo Date signed Nov 20

1346

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 6
District File Number
Date Filed 12-6-43

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~~ C. L. Sault Registered Apprentice No. working under my personal supervision.

Signed C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.