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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

Registration District No. 73

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5291

State File No. 10724

Registrar's No. 26

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.O.F. Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 years (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Liberty (If outside city or town limits, write "RURAL") 0
(d) Street No.: S.O.F. Home (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: BEN A. PYLES
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Oct. (Month) 21 (Day) 1866 (Year)

8. AGE: Years 77 Months 4 Days 10 If less than one day ... hr. ... min.

9. Birthplace: Bellview (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Inmate S.O.F. Home
11. Industry or business:
MOTHER FATHER
12. Name: Henry Pyles
13. Birthplace: Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Mary Taylor
15. Birthplace: Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Paul Q. Rogers Supt.
(b) Address: Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Louis Mo.
18. (a) Signature of funeral director: Church-Archer Co.
(b) Address: Liberty Mo.
19. (a) Mar. 2-1944 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st year 1944 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Mar. 2, 1944, to Mar. 1, 1944 that I last saw him alive on Mar. 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Arteriosclerosis	10 yrs.
Due to	
Due to	
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.

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: Burton Matthews (M. D. or other) M.D.
Address: Liberty Mo. Date signed 3-1-44

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Vital Statistics Officer No. 8,
District File No. _____
Date Filed 4-12-46

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty 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.