

FILED MAY 11 1944

Registration District No. 259

Primary Registration District No. 3048

State File No.

Registrar's No. 60-

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Marionville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ray Edgar Lyle
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Frawley Lyle
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 10 1884
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Levi Lyle
13. Birthplace Marionville Unk
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Frawley
15. Birthplace Marionville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Lyle
(b) Address Burlington Ia

17. (a) Burial (b) Date thereof 4-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marionville Missouri

19. (a) 4-20-44 (b) Amy Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Burlington Ia
(If outside city or town limits, write "RURAL")
(d) Street No. About 3 Mile N. W. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 44 hour _____ minute 3 am M.
21. I hereby certify that I attended the deceased from 1-4
1944 to 4-14 1944
that I last saw him alive on 4-14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Bronchial asthma
Chr myocarditis

Due to _____
Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Dr. Boyles (M-D. or other) _____
Address Marionville Mo Date signed 4-19-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Margaret Lulu Campbell....., Registered Apprentice No. *360*
working under my personal supervision.

Signed *William Campbell*.....

Licensed Embalmer No. *2620*

P. O. Address *Marquette N*

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.