

S. No. 2  
M-2-43  
5-17-39  
PI X3697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 18 1944  
Registration District No. 126

Primary Registration District No. 3028

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
1633 Regan St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 40 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage  
(If outside city or town limits, write "RURAL")

(d) Street No. 1633 Regan St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEWIS BERT KYGER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22,  
year 1944 hour 7:30 minute \_\_\_\_\_ P. M.

3. (b) If veteran, name was None

3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from  
May 21, 1944 to May 22, 1944  
that I last saw him alive on May 21, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Wild Kyger

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February 5, 1877  
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis many years  
Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>17</u>		hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Indianapolis, Ind.  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Mat. M. Kyger

13. Birthplace X Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace X Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. B. Kyger

(b) Address 1633 Regan St., Carthage, Mo.

17. (a) Burial (b) Date thereof 5-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery  
Ed. C. Ulmer

18. (a) Signature of funeral director Carthage, Mo.

(b) Address \_\_\_\_\_

19. (a) May 23 '44 (b) E. Elizabeth Couplin  
(Date received local registrar) (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. E. Boyd (M. D. or other) \_\_\_\_\_  
Address Carthage, Mo. Date signed 5-23-44

1203

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

44-5444

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 E. Williams

Licensed Embalmer No. 2222

P. O. Address Carthage

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.