

FILED AUG 9 1944
Registration District No. _____

Primary Registration District No. **6118**

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Rural R.F.D. Painton
(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) 1

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

In this community six months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott **100**

(c) City or town Rural R.F.D. Painton **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Louella Pyles

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years 9 1929

7. Birth date of deceased 12 9 1929
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>14</u>	<u>7</u>		hr. _____ min. _____

9. Birthplace Portagesville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl

11. Industry or business _____

12. Name Bryant Pyles

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Rose

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bryant Pyles
(b) Address R.F.D. Painton Mo.

17. (a) Burial (b) Date thereof 7-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director Harner Funeral Home
(b) Address Oran Mo

19. (a) 7/10/44 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1944 hour 4: minute 30 **AM**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Drowned in drainage ditch 6 mi west of Oran.

Due to _____

Due to _____

Other conditions _____
(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: _____ accident **100**

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence July 9 1944

(c) Where did injury occur? rural scott MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? drainage ditch west of Oran 6 mi.

While at work? _____ (Specify type of place) _____
(a) Means of injury _____

23. Signature Hedy Rae _____
Address Oran Mo Date signed 7/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

183-3
36

732

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 844-7040
Date Filed 8-4-44

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 Raymond Crews
Licensed Embalmer No. 3467
P. O. Address Sikeston 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.