

FILED SEP 11 1945

Primary Registration District No. 3002

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
710 W. Breckinridge St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 3 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County 99
(c) City or town Toledo (If outside city or town limits, write "RURAL") 33
(d) Street No. 3632 Detroit St. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Lysle E. McJilton

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-16-6468

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

6. (b) Name of husband or wife Etta McJilton 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 10, 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Moberly, Missouri (City, town, or county) (State or foreign country) 1

10. Usual occupation Machinist

11. Industry or business _____

12. Name Albert McJilton

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

14. Maiden name Lorena Kimmel (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Etta McJilton

(b) Address 3632 Detroit St. Toledo, Ohio

17. (a) Removal (b) Date thereof Sept. 2, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Carl E. Crant

(b) Address 2000 W. Mc. 4

19. (a) 9/2/45 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day one year 1945 hour 7:00 minute 0 M. _____

21. I hereby certify that I attended the deceased from Sept 1st to Sept 1st, 1945; that I last saw him alive on Sept 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 9 had Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 940

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 0

23. Signature Charles Garcia (M. D. or other) _____

Address 119 E. Jackson, Empis Mo. Date signed 9-1-45

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

1406

SEP 12 1945

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.