

No. 2
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5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28215**
Registrar's No. **12**

FILED AUG 29 1945

Registration District No. **280**

Primary Registration District No. **4416**

1. PLACE OF DEATH:

(a) County **Platte**

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**

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

(d) Street No. **Platte City Missouri**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Fred Phillip Kyle**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **495-10-7268**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him **alive** on _____, 19____,
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 **Beatrice Kyle** 6. (c) Age of husband or wife if alive **?** years

7. Birth date of deceased **Dec. 27, 1900**
(Month) (Day) (Year)

Immediate cause of death _____
Crushed to death
Due to automobile accident

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

44	6	0	hr. _____ min. _____
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9. Birthplace **Weston Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck driver**

11. Industry or business **Truck driver**

12. Name **Alfred M. Kyle**

13. Birthplace **Weston Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Tula Graves Kyle**

15. Birthplace **Weston Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Hulett - coroner**

(b) Address **Platte City, Missouri**

17. (a) **burial** (b) Date thereof **7-29-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cem.**

18. (a) Signature of funeral director **Kallins Mitchell**

(b) Address **Platte City, Missouri**

19. (a) **7-27-45** (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: **8.3**

(a) Accident, ~~suicide~~, or homicide (Specify) _____

(b) Date of occurrence **July 27 - 1945**

(c) Where did injury occur? **Platte City Platte MO**
(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 **Tom H. Hulett** **Coroner**
(Name or other)

Address **Platte City, Mo.** Date signed **7-27-45**

FEB 4 1959

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 Francis M. Giffey.....

Licensed Embalmer No. 4393.....

P. O. Address Platte City, 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.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Platte City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Fred P. Kyle
 3. (b) If veteran, name war no 3. (c) Social Security No. 495-10-7266

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 27, 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days _____
(Less than one day)
hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business _____
 { 12. Name _____
 { 13. Birthplace _____
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him/her _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

State Highway Patrol;
 Due to _____
Collision with other motor vehicle
 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.
*1100-8
2/27*

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 _____ (M. D. or other) _____
 Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

51282-5