

FILED MAR 8 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1401 Jule /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb 32
(c) City or town Maysville 2
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William F. Lytle

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Not Known
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased June 3 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 10
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Job Lytle
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Bell Daniels
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Lytle
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westboro, Missouri.
Fleeman & Son Inc.

18. (a) Signature of funeral director
(b) Address St Joseph, Missouri.

19. (a) Feb. 19, 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1946 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 9
1946 to Feb. 13, 1946
that I last saw h.i.m. alive on Feb. 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver
Duration

Due to

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.

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 plane) (e) Means of injury

23. Signature M. M. Pilonis (M.D. or other) M.D.
Address Murex Hospital, St. Joseph, Mo. Date signed 2/14/46

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

3684

3-4

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~~ ZX

~~Registered Apprentice No.~~

working under my personal supervision.

Signed

Robert H. Gaph

Licensed Embalmer No. 3308

P. O. Address St Joseph, Missouri.

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.