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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6058**

**FILED** MAR, 12 1946

Primary Registration District No. **3028**

Registrar's No. **26**

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

Web

9

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:  
McCune-Brooks Hospital **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK L. KYLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male  race White 5. Color or race

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

6. (b) Name of husband or wife Iva Fadler Kyle

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 12, 1884  
(Month) (Day) (Year)

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

61 11 1 hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER {

12. Name Charles W. Kyle

13. Birthplace Winchester, Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Frier

15. Birthplace Winchester, Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank L. Kyle

(b) Address Route #1, Carthage, Mo.

17. (a) Burial (b) Date thereof 2-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 2-15-46 (b) L. B. Clinton, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Rural - Madison **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1 **0**  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13,  
year 1946 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Feb 10  
1946 to Feb 13, 1946  
(that I last saw him alive on Feb 13, 1946  
and that death occurred on the date and hour stated above.)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Nephritis (Chronic)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 1318

Of autopsy

Duration

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 place) (Specify means of injury)

23. Signature P. H. Weston (M. D. or other) **0**  
Address Carthage, Mo. Date signed Feb 14, 46

46-2-188

**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 *John Stephen Renne*  
Licensed Embalmer No. *4194*  
P. O. Address *Carthage, 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.**