

**FILED MAR 8 1948**

Registration District No. **362**

Primary Registration District No. **6209**

Registrar's No. **22**

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

1. PLACE OF DEATH:

(a) County **TEXAS**

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

(c) Name of hospital or institution: **TEXAS CO. HOME 5**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 DAYS** (Specify whether years, months or days)

In this community **6 DAYS**

3. (a) PRINT FULL NAME **BENJAMIN F. KYTE**

3. (b) If veteran, name war

3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife

7. Birth date of deceased: **OCT 3 1864**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>81</b> | <b>3</b> | <b>17</b> | hr. min.             |

9. Birthplace **IND. 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **ANK MARK KYTE**

13. Birthplace **UNKNOWN 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN 9**

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

16. (a) Informant **SOCIAL SECURITY OFFICE**

(b) Address **HOUSTON, MO**

17. (a) **BURIAL** (b) Date thereof **Jan 24 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Freedom Cemetery Taylor U. Elliot**

18. (a) Signature of funeral director

(b) Address **HOUSTON, MO**

19. (a) **2-23 1948** (b) **Myrtle Craig**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **TEXAS**

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

(d) Street No. **New Market No. 0**  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **20** year **1948** hour **not** minute **not** M.

21. I hereby certify that I attended the deceased from **19** to **19** that I last saw him **alive on** and that death occurred on the date and hour stated above.

Immediate cause of death **Fall by jumping from window** Duration **16 49**

Due to **stroke**

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:

(a) Accident, suicide, or homicide (specify) **SUPPOSED suicide**

(b) Date of occurrence **as above**

(c) Where did injury occur? **Co. home by Mrs.**  
(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) (e) Means of injury

23. Signature **J. H. ...** (M. D. or other) **3**

Address **Houston, MO** Date signed **1-20-48**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5

District File No.

346195

Date Filed

31 7 46

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

Frank E. Wood

Licensed Embalmer No.

4026

P. O. Address

Houston, 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.