

**FILED** APR 27 1946

Registration District No. **1002** Primary Registration District No. **1002**

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

12133

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
812 West 35th St. /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 46 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** HARRY G. KYLE  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Ma 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Bertha B. Kyle  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased September 20 1872  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 6 Days 15  
 If less than one day hr. min.

**9. Birthplace** Bates County No. 11  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Lawyer and

**11. Industry or business** Farmer

**12. Name** Robert, Kyle

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

**14. Maiden name** Sarah Green

**15. Birthplace** Bates County Mo. 11  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Bertha Kyle

**(b) Address** 812 West 35th St.

**17. (a)** Cremation **(b) Date thereof** April 8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Elmwood

**18. (a) Signature of funeral director** J. W. Wagner.

**(b) Address** Kansas City, Mo.

**19. (a)** 4-6-46 **(b)** Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 812 West 35th St. 8.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 5th  
 year 1946 hour 9: minute 30 A.M.

**21. I hereby certify that I attended the deceased from** Dec 1944 to Apr 5 1946  
 that I last saw him alive on March - 20 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial effusion + atherosclerosis  
 Duration 3 weeks

Due to Hypertension and secondary anemia 2 yrs

Due to Coronary artery disease

Other conditions Arteriosclerosis of kidney  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: none 55C  
 Of operations  
 Of autopsy - detailed above -  
 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) Means of injury

**23. Signature** Henry J. Jones (M. D. or other)

Address Home at 1111 W. 11th St. Mo. Date signed 4/5/46

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**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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.**