

FILED MAY 6 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 weeks  
(Specify whether years, months or days)  
In this community Life

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. 4627 Penn 8  
(If rural, give location) 0  
(e) Citizen of foreign country? NO. 0 (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME

Mrs Ethel Lyle

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Bugent's Lyle see.

6. (c) Age of husband or wife if alive 1888 years

7. Birth date of deceased 10 (Month) 1 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>19</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation clerk

11. Industry or business \_\_\_\_\_

12. Name Aleah Maxwell 2

13. Birthplace Ontario Canada (City, town, or county) (State or foreign country)

14. Maiden name Mary Caramely

15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mar Russell Cilver

(b) Address North Kansas City, MO

17. (a) Cremation (b) Date thereof 4-22-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edinwood, Penn.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-22-46 (b) Sheldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1946 hour 12:10 A minute A. M.

21. I hereby certify that I attended the deceased from 1-14 1946 to 4-20 1946 that I last saw h. u alive on 4-19-46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach 6 mos  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations Carcinoma stomach  
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 place) (e) Means of injury \_\_\_\_\_  
23. Signature Ernie Wallingford (M. D. or other) MD  
Address Peoria Med Bldg Date signed 4/22/46

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

13245

*Med. Plaque  
Body.*

*11-2-1919*

Dr. Wilhelmy

**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 *E. M. Planch*

Licensed Embalmer No. *1848*

P. O. Address *H. C. 710*

**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.**