S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19753

Registration District No. 59 | Primary Registration District No. 4099 | Registrar's No. 81

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Pleasant Hill, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass 19
(c) City or town: Pleasant Hill, Mo. 2
(If outside city or town limits write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years. 0

3. (a) PRINT FULL NAME: George Harvey Lyles
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Marylucille Lyles
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Feb. (Month) 21 (Day) 1886 (Year)

8. AGE: Years 60 | Months 3 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Randalph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer & laborer
11. Industry or business:
FATHER
12. Name: William Lyles
13. Birthplace: Washington (City, town, or county) D.C. (State or foreign country) /
MOTHER
14. Maiden name: Addie Dauson
15. Birthplace: Randaulph (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: Mrs Gerald Land
(b) Address: Pleasant Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.
18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill, Mo.
19. (a) June 3-1946 (Date received local registrar) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1946 hour 2 minute 9 M.
21. I hereby certify that I attended the deceased from May 23, 1946, to June 1, 1946, that I last saw him alive on May 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-Pneumonia	7 days
Chr. Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 10
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? (Specify type of place)
While at work?
(e) Means of injury: 0
23. Signature: J. V. Murphy M.D. (M. D. or other)
Address: Pleasant Hill, Mo. Date signed 6-1-46

31

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 4 1946

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 By me 6-1-46, Registered Apprentice No. _____, working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, M

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, above space should be left blank.