

FILED JAN 7 1947

Registration District No. 20/199

Primary Registration District No. 4312

Registrar's No. 531

1. PLACE OF DEATH

(a) County Mason
(b) City or town Eichel
(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 35 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mason
(c) City or town Eichel, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME

J. FRANK LILE

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 Married

6. (b) Name of husband or wife ELIZA A. LILE

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Apr. 16, 1866

(Month)

(Day)

(Year)

8. AGE: Years 80 Months 8 Days 10 If less than one day hr. — min. —

9. Birthplace Mason Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business —

MOTHER, FATHER

12. Name John M. Lile

13. Birthplace Schuyler Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Murray

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

16. (a) Informant Eliza A. Lile

(b) Address Eichel, Mo.

17. (a) Burial (b) Date thereof Dec. 28, 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helton Cem.

18. (a) Signature of funeral director Person Funeral Service

(b) Address Eichel, Mo.

19. (a) Dec 28, 1946 (b) Ohl Edwards (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26, year 1946 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 26, 1946 to Dec 26, 1946 that I last saw him alive on Dec 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration 10 yrs.

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

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) (c) Means of injury —

23. Signature J. D. Lyle (M.D. or other) —

Address — Date signed 12-28-46

X 1947 (Licensed Embalmer's Statement on Reverse Side)

40117

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

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..... *C. A. Larson*.....
Licensed Embalmer No. *4037*.....
P. O. Address..... *Bucklin 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.