

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 543

FILED JAN 27 1947
Registration District No. 62

Primary Registration District No. 5241

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural--Madison Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XXXXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXXXX
(Specify whether)

In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural 3
(If outside city or town limits, write "RURAL")

(d) Street No. Madison Township 0
(If rural, give location)

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

If yes, name country XXXXXX

3. (a) PRINT FULL NAME EMMA ROSS PYLE

3. (b) If veteran, name war XXXXX

3. (c) Social Security No. XXXXX

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife XXXXX

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

7. Birth date of deceased February 15, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1947 hour 10 minute 15A M.

21. I hereby certify that I attended the deceased from 9-8- 1947 to 1-6- 1947
that I last saw h. er alive on 1-6- 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 11 28 XX hr. XX min.

Immediate cause of death Carcinoma stomach yr.

Due to.....

Due to.....

9. Birthplace Cane Hill, Missouri 7
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business XXXXXX

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

Major findings: 46 B

Of operations.....

Of autopsy.....

MOTHER FATHER

12. Name William W. Pyle

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

14. Maiden name Emily Alder

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Madge Pyle

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Good Hope Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 1-14-47 (Date received local registrar) (b) Geneva Harrison (Registrar's signature)

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..... 0

23. Signature Wm. B. Ritter (M. D. or other) 0

Address Stockton, Mo. Date signed 1-14-47

12-14-62
12-14-62
12-14-62

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton

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.