

FILED MAR 25 1947  
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Woodland Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Less than 2 days  
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James A. Pyle  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Yes  
6. (b) Name of husband or wife: Celia Spurling Pyle  
6. (c) Age of husband or wife if alive: 78 years  
7. Birth date of deceased: April 5, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation: Farming

11. Industry or business: X

MOTHER, FATHER {  
12. Name Stephen Nicholas Pyle  
13. Birthplace Missouri  
14. Maiden name Margaret Settle  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Nick Pyle  
(b) Address Armstrong, Mo.

17. (a) Burial (b) Date thereof 2-8-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Mary Oldaker  
(b) Address Armstrong, Mo.

19. (a) Mich 8-47 (b) Edna Hubert Lowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howard  
(c) City or town Armstrong  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6  
year 1947 hour 2:10 minute A. M.  
21. I hereby certify that I attended the deceased from Feb. 5  
1947 to Feb. 6 1947  
that I last saw him alive on Feb. 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Myocarditis, Chronic  
Coronary sclerosis,  
Chronic  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature W. H. Thompson (M. D.)  
Address Moberly, Mo. Date signed 11 Feb 47

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RECEIVED  
District Health Officer No. 10  
District File Number 2-47-557  
Date Filed MAR 24 1947

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 Mary Oldaker

Licensed Embalmer No. 3399

P. O. Address Armstrong, 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.