

FILED OCT 29 1947

Registration District No. 10

Primary Registration District No. 5036

Registrar's No. 152

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rural Wilson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H.R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs
In this community 11 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Wilson, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. H. R. 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillian Pyle
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 18
year 1947 hour 5 minute 30 A- M.
21. I hereby certify that I attended the deceased from Sept 1947 to Oct 18 1947
that I last saw her alive on Oct 11 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife H. H. Pyle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 24 1871
(Month) (Day) (Year)

Immediate cause of death Myocarditis
Endocarditis
Due to Hypertension
Due to _____

8. AGE: Years Months Days If less than one day
76 3 23 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 92E
Of autopsy _____

9. Birthplace Saginaw, Mich
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business Thompson, Missouri
12. Name Babe
13. Birthplace DK
(City, town, or county) (State or foreign country)
14. Maiden name DK
15. Birthplace DK
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant H. H. Pyle
(b) Address Thompson, Missouri
17. (a) Burial (b) Date thereof 10/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elwood
18. (a) Signature of funeral director Chas Aurd
(b) Address Mexico, Missouri
19. (a) 10/19/47 (b) Blanch Neely
(Date received local registrar) (Registrar's signature)

23. Signature Francis Neely (M. D. or other) MD
Address Mexico Mo Date signed 10/20/47

NOV 9 1948

RECEIVED
District Health Officer No. 10
District File Number 10-47-1476
Date Filed OCT 28 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 Emmett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.