No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947

Registration District No. 73-7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 42075

Registrar's No. 257

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

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 524 Walnut St (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: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JASPER
(c) City or town: Carthage (If outside city or town limits, write "RURAL")
(d) Street No.: 524 WALNUT (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Walter Scott Kyler
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: ELLA Kyler
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: June (Month) 10 (Day) 1874 (Year)

8. AGE: Years 73 | Months 5 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: TARKIO (City, town, or county) MO (State or foreign country)
10. Usual occupation: carpenter
11. Industry or business: —
FATHER
12. Name: Unknown
13. Birthplace (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant: MRS ELLA KYLER
(b) Address: 524 WALNUT - CARTHAGE, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: PARK CEMETERY
18. (a) Signature of funeral director: KNELL MORTUARY
(b) Address: CARTHAGE, MO.
19. (a) 12-10-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1947 hour 10 minute a M.
21. I hereby certify that I attended the deceased from Dec 7, 1947 to Dec 9, 1947 that I last saw him alive on Dec 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	
Due to: Coronary Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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
23. Signature: R. K. Webster (M. D. or other)
Address: Carthage Mo. Date signed: Dec. 10, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-982

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.