

FILED APR 6 1948
192

State File No. _____

Registration District No. _____

Primary Registration District No. 4716

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rural-Elk River Township
(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 _____ (Specify whether _____)
In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. # 1 Noel Missouri
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMA PAULINA PYLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
March 26th 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>is</u>	<u>81</u>	<u>10</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Tanaway Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER {

12. Name John Gordon 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Ellen Pyle 9

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

16. (a) Informant Mrs. Allie Ostrander

(b) Address R.F.D. # 1 Noel Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/48
(Month) (Day) (Year)

(c) Place: burial or cremation Goodman, Howard Cem.

18. (a) Signature of funeral director John B. Poppien

(b) Address Goodman, Missouri

19. (a) 3-9-48 (Date received local registrar)

(b) Virginia Buck (Registrar's signature) 271

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 17, 1947 to Feb 17, 1948
that I last saw her alive on Feb 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Removal of stomach 8-hrs

Due to Carcinoma

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations ALB

Of autopsy _____

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 2

23. Signature H.P. Fountain M.D. or other _____
Address Noel Mo Date signed Feb 20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 348-354

Date Filed MAR 31 1948

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.