No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16066

Registration District No. 128 | Primary Registration District No. 5466 | Registrar's No. 406

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: S. Campbell Twp RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 yr 8 mos 13 days (Specify whether years, months or days)
In this community: 8 yrs 8 mos 13 days

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

3. (a) PRINT FULL NAME: KYLE, Wilbur Mayo #2009-H
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 15 (Day) 1906 (Year)

8. AGE: Years 41 | Months 8 | Days 29 | If less than one day: hr. min.

9. Birthplace: Houston (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: Farm laborer
11. Industry or business:

FATHER
12. Name: Martin Kyle
13. Birthplace: ? (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name: Janie (Trasher) Kyle
15. Birthplace: ? (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant: File
(b) Address: MCFP
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Houston, Mississippi.
18. (a) Signature of funeral director: Fred C. Thieme
(b) Address: Springfield, Mo.
19. (a) 5-15-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1948 hour 11 minute 35 A.M.
21. I hereby certify that I attended the deceased from September 1, 1939 to May 14, 1948; that I last saw him alive on May 14, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia	2 weeks
Due to: Subacute bacterial endocarditis	Approx. 7 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Mitral vegetations; chronic obliterative pericarditis & pleuritis. Prostatic abscess.	

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: E W Moreland (M. D.)
Address: E. W. Moreland Medical Center Fed. Pris. Springfield, Missouri
Date signed: 5-15-48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.