. S. No. 2
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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17748
Registrar's No. 4840

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Bartmer 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Rankin Kyle
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 13 (Day) 1899 (Year)

8. AGE: Years 57 48 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Princeton (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Salesman
11. Industry or business Retail Furniture
FATHER
12. Name W. W. Kyle
13. Birthplace Princeton (City, town, or county) Illinois (State or foreign country) 1
MOTHER
14. Maiden name Jessie Hungerford
15. Birthplace Binghamton (City, town, or county) New York (State or foreign country) 1
16. (a) Informant Mrs. Hubert Enright
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) MAY 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25 year 1948 hour 10 31 minute 4 M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	
Due to Chronic Hypertrophic Myocarditis	
Due to Chronic Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN
Underline the cause of which death should be charged statistically.

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Patrick E. Taylor (M. D. or other)
Address City Coroner Date signed 5/26/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 John S. Dennisky

Licensed Embalmer No. 4194

P. O. Address .....

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.

ENCLOSED
JUL 10 1948

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Buchanan }

State File No.
Local Registrar's No. 4840

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of July, 1948, before me appears Mary K. Enright, who, upon her oath, states that the original record of birth ~~death~~ for John Rankin Kyle died ~~born~~ May 25, 1948, 19....., in the State of Missouri, and which was filed at St. Louis Mo. ~~on~~ at that time, 19....., should be corrected as follows:

Item No. ..... should read July 13, 1890 (Date of birth)
Instead of July 13, 1899
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary K. Enright
Relationship. Sister

2517 Faraon,
Present Address. St. Joseph Mo.

Subscribed and sworn to before me this 7 day of July, 1948.

My Commission expires Mar 7 1952 Aytchmonde P Shull Notary Public.

rm V. S. 135
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