S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27208

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 62

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Hayti
(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 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Hayti 78
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country 0

3. (a) PRINT FULL NAME Hulene Kyles

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 3
5. Color or race Col.
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 March (Month) 4 (Day) 1917 (Year)

8. AGE: Years 31 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Lambert (City, town, or county) Miss (State or foreign country)
10. Usual occupation housekeeper
11. Industry or business home
FATHER
12. Name Charles A. Kyles
13. Birthplace Yazoo City (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Lottie Murray
15. Birthplace Kickens (City, town, or county) Miss (State or foreign country)
16. (a) Informant Charles A. Kyles
(b) Address Hayti Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo
18. (a) Signature of funeral director J. L. Smith
(b) Address Hayti Mo
19. (a) 8-20-48 (Date received local registrar) (b) John H. German (Registrar's signature) 4010

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1948 hour 13 minute P. M.

21. I hereby certify that I attended the deceased from July 26 1948, to Aug - 6 1948
that I last saw him alive on Aug - 6 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	7 mo +
Due to	
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 W. R. Linbaugh (M. D. or other)
Address Hayti, Mo Date signed 8/14/48

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

8-48-227

SEP 2 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 Fred J. Smith

Licensed Embalmer No. 10408

P. O. Address Sikeston, 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.