

BUREAU OF THE CENSUS
FILED APR 24 1950Registration District No. **11**Primary Registration District No. **5094**Registrar's No. **28**

1. PLACE OF DEATH:

- (a) County Barry
 (b) City or town Washburn, Mo. (Rural)
 (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 all life
 years, months or days

3. (a) PRINT FULL NAME Martha Jane Lytle

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

4. Sex fe 1 5. Color or race white 6. (a) Single, widowed, married, divorced, widow 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 24 1872
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>78</u> | <u>0</u> | <u>18</u> | hr. _____ min. |

9. Birthplace Barry Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

- MOTHER FATHER { 12. Name Lum Summey
 { 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Annie Pendergraft
 { 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Edmond Lytle

- (b) Address Washburn, Mo

17. (a) Burial (b) Date thereof 4-14-50
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Roller Cemetery

18. (a) Signature of funeral director Rh. Nelson

- (b) Address Berryville Ark

19. (a) Apr 15 1950 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Barry 0090
 (c) City or town Washburn, Mo. (Rural) 0
 (If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? U. S. A. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12
 year 1950 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 25 1950, to Apr 12 1950,
 that I last saw her alive on Apr 12 1950
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia
 Due to Chronic Interstitial Nephritis

Due to _____

Other conditions _____
 (Include pregnancy within 5 months of death)

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Chas P. Brown MD (M. D. or other)
 Address Berryman Mo Date signed 4/15/50

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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

RECEIVED APR 17 1950
District Health Office No. 6,
District File Number 450-459
Date Filed 4-19-50

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

Lloyd B. Winsett

Licensed Embalmer No.

3857

P. O. Address

Berryville Ark

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.