

Registration District No. 85

Primary Registration District No. 1801

1. PLACE OF DEATH

(a) County Burdwan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Proveler years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Burdwan

(c) City or town St. Joseph, Mo.
(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 Eldredge Vitch Kyle

(b) If veteran, name war NO

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1942 hour 11 minute 55 A.M.

4. Sex M Color or race Cow

5. Color or race Cow

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

(b) Name of husband or wife Mary M.

(c) Age of husband or wife if allve years 22

7. Birth date of deceased May 22 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from admission
family 1942 to 1942
the I last saw him alive on July 26 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 92 Months 2 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death
Chronic myocarditis

Due to _____

9. Birthplace Chambersburg, Penn.
(City, town, or county) (State or foreign country)

Due to 938

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

10. Usual occupation Farmer

Major findings: no operation

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Henry Kyle

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

14. Maiden name Mary Street

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

16. (a) Informant Mrs. E. L. Barbell

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

(b) Address St. Joseph, Mo. RR #4

17. (a) Burial (b) Date thereof 7-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City, Mo.

19. (a) 1-27-42 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury MI

23. Signature H. Melaney (M. D. or other) MI
Address _____ Date signed _____

WRITE PLAINLY—USE 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.....

R. M. Taggart

Licensed Embalmer No. *2563*

P. O. Address *King City 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.