

FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23143

Registrar's No. 2806

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RESEARCH HOSPITAL (U)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 WEEK (Specify whether
 years, months or days)
 In this community 36 YEARS

3. (a) PRINT FULL NAME MRS. IDA STINEBAUGH PYLE3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 WIDOWED
 6. (b) Name of husband or wife MR. JOSEPH W. PYLE 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased MAY - 4 - 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 0 hr. min.

9. Birthplace SPRINGFIELD OHIO
 (City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE11. Industry or business AT HOME

12. Name JOSEPH POWERS
 13. Birthplace VIRGINIA
 (City, town, or county) (State or foreign country)
 14. Maiden name IDA C. ADAMSON
 15. Birthplace OTTAWA KANSAS
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. MAUD L. BISHOP
 (b) Address 1430 WEST 50TH STREET17. (a) BURIAL (b) Date thereof JULY - 7 - 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation HOPE CEM. - OTTAWA, KANSAS18. (a) Signature of funeral director D. W. Newcomer & Son(b) Address 1401 BRUSH CREEK BLVD., K.C., Mo.19. (a) 7-7-48 (b) W. S. Walding Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town 1 - KANSAS CITY STREETS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1430 WEST 50TH STREET
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4TH
 year 1948 hour 12 minute 25 A.M.21. I hereby certify that I attended the deceased from June 20
 1948 to July 4, 1948;
 that I last saw her alive on July 4, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Anemia and
azotemia 7 days
 Due to arteriosclerosis
nephrosclerosis 3 mos.
 Due to renal insufficiency 2 mos.

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 Of autopsy 1310
 PHYSICIAN _____
 Underline the cause to 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?

While at work? _____ (Specify type of place)
 (c) Means of injury 623. Signature Robert A. Baker (M. D. or other) MD
 Address 1220 Professional Bldg Date signed 7-4-48

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..... *Edward M. Stoney*

Licensed Embalmer No..... *4452*

P. O. Address..... *K. C. + 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.