

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 17 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16118**

Registration District No. **336**

Primary Registration District No. **6170**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County De Shannon

(b) City or town Township Jasper
(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 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon

(c) City or town Jasper Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kenneth Lee Tyler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M | 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased May 17 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

10	12		
		hr.	min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Junior Clayton Tyler

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

14. Maiden name Sarah Mae Stewart

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

16. (a) Informant Gal Stewart

(b) Address Shannon Co.

17. (a) Burial (b) Date thereof 3 30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summerville

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-10-47 (b) Walter Ransom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1947 hour 10 minute AM

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.

Immediate cause of death Polar Pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations N

Of autopsy _____

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) (e) Means of injury 0

23. Signature Frank Boyd (M: D. or other) _____
Address Summerville Date signed 3-28-47

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.....

Licensed Embalmer No.....

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.