

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 379

Primary Registration District No. 1092

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(c) Name of hospital or institution St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether

LEAD NOV 14 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Smithville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

In this community _____ years, months or days)

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Nettie A. Tyson 150

20. DATE OF DEATH: Month 10 day 30
year 39 hour 6 minute 30 PM M.

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

21. I hereby certify that I attended the deceased from 10-27-39, 1939, to 10-30-39, 1939;
that I last saw him alive on 10-30-39, 1939, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clay H. Tyson 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug 2 1877
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Coronary Barulsi
Due to Hypertensive Myocarditis
Due to Chronic Vasculor Nephritis
Other conditions 121
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 2 Days 28 hr. _____ min. _____
If less than one day

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hiram Pettit

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

14. Maiden name Laura Johnson

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

16. (a) Informant's own signature Clay H. Tyson
(b) Address Smithville, Mo.

17. (a) Smithville, Mo. (b) Date thereof Nov. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director S. G. McComas
(b) Address Smithville, Mo.

19. (a) 10/30/39 (b) M. M. Crown
(Date received local registrar) (Registrar's signature) 361

Major findings: Of operations _____

Of autopsy above

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 Russell W. _____ (M. D. or other) _____
Address _____ Date signed _____

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, above space should be left blank.