

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: **Jasper**
(a) County _____
(b) City or town **Joplin**
(c) Name of hospital or institution: **2228 Pearl none**
(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. _____ (Specify whether)
In this community **Sixty Years**
years, months or days

3. (a) PRINT FULL NAME **Robert B. Tyler.**

3. (b) If veteran, name war **Civil War Vet** 3. (c) Social Security No. _____

4. Sex **M.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married.**

6. (b) Name of husband or wife **Rosa Tyler.** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **March 12th - 1854.**
(Month) (Day) (Year)

8. AGE: Years **87** Months **0** Days **21** If less than one day
hr. _____ min

9. Birthplace **Virginia.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician.**

11. Industry or business **Same**

12. Name **No record**

13. Birthplace **No record**
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rosa Tyler**

(b) Address **Joplin Mo.**

17. (a) **Burial** (b) Date thereof **4-4th 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview cemetery**

18. (a) Signature of funeral director **Buried and Co**

(b) Address **Joplin Mo**

19. (a) **4-3-41** (b) **Ed. D. James**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Joplin Missouri**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **2228 Pearl st.**
(If rural, give location) **3**

(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **2**
year **1941.** hour **3** minute **45** AM.

21. I hereby certify that I attended the deceased from **March 20**, 19**41**, to **April 2**, 19**41**
that I last saw him alive on **April 1**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of right colon - (Bowel obstruction)

Due to _____

Due to _____

Other conditions **Residing - Hip**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

5

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? **372**

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature **Ralph L. Huff** (M. D. or other) **M.D.**

Address **Joplin Mo** Date signed **7/2/41**

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 Steve D. Perkes

Licensed Embalmer No. 2548

P. O. Address Joplin 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.