

No. 2
-1-4-41
-17-39
X 28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25575

FILED AUG 25 1941

State File No. _____

Registration District No. 542

Primary Registration District No. 4322

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Vienna
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

(c) City or town Vienna
(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 Maude M. Tyree

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 8 minute 25 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 25, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2, 1940 to Aug July 31, 1941
that I last saw her alive on July 31, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion

Due to Hypertension 94A

Due to _____

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

10. Usual occupation Teacher

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name J. H. Tyree

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

14. Maiden name Lumena Dooks

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant F. C. Tyree

(b) Address Wayne, Kans.

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? _____

17. (a) Burial (b) Date thereof Aug. 3, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Cemetery

18. (a) Signature of funeral director W.C. Birmingham

(b) Address Vienna, Mo.

19. (a) August 7, 41 (b) Ms. Linn Gads
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. C. Howard M.D. or other) D.O.

Address Vienna, Mo Date signed 8/4/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
M. K. Cunningham

Licensed Embalmer No.....
3667

P. O. Address.....
Cum...

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.