

SEP 5 1941

Registration District No.

496

Primary Registration District No.

8020

1. PLACE OF DEATH:

- (a) County LINN
- (b) City or town BROOKFIELD
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
633 LYON ST.
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 20 1
- In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JOSEPH WARNER TYGRET3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married,
divorced MARRIED
6. (b) Name of husband or wife MAAMNE CHILDRES 6. (c) Age of husband or wife if
alive 89 years
7. Birth date of deceased MAY 18 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 9 If less than one day
hr. _____ min. _____9. Birthplace AUBURN KENTUCKY
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN TYGRET

13. Birthplace BOWLING GREEN KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name ELEANOR HAYS
(City, town, or county) (State or foreign country)

15. Birthplace BOWLING GREEN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jelle Hays17. (a) BURIAL (b) Date thereof AUG 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ROSE HILL CEMETERY18. (a) Signature of funeral director Quak Funeral Home(b) Address Brookfield Mo19. (a) 8/13/41 (b) W. H. Lucas M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County LINN
- (c) City or town BROOKFIELD
(If outside city or town limits, write "RURAL")
- (d) Street No. 633 LYON ST
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 12
year 1941 hour 00 minute NOON M.21. I hereby certify that I attended the deceased from Aug 11
_____ 1941 to Aug 12 1941
that I last saw him alive on Aug 11 1941
and that death occurred on the date and hour stated above.Immediate cause of death Diabetes Mellitus Duration Unknown

Due to _____

Due to 61Other conditions
(include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 J. L. Lucas (M. D. or other) M.D.Address Brookfield Mo Date signed 8-13-41

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..... *H. B. Wright*

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, 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, above space should be left blank.