

FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35760
Registrar's No. 123

Registration District No. 677

Primary Registration District No. 4403

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Jordan Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rolla
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Sept 14
14 1941 to Sept 15 1941
that I last saw h. alive on Sept 15th, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis Duration _____

Due to _____
Due to 121:1
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Ruptured appendix
Of operations _____
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? _____

18. (a) Signature of funeral director _____
(b) Address _____
23. Signature John McFarland (M. D. or M. O.) _____
Address Rolla Mo Date signed 9-22

3. (a) PRINT FULL NAME Roberta Marie Tyler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 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 June 15 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Label

11. Industry or business _____

12. Name Bea Tyler
13. Birthplace Yancy, Phelps, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Marie Taylor
15. Birthplace Yancy, Phelps, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Bea Tyler
(b) Address Rolla Mo

17. (a) Funeral (b) Date thereof Sept 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Jordan Mem

18. (a) Signature of funeral director _____
(b) Address Rolla Mo
19. (a) Sept 17 1941 (b) John McFarland
(Date received local registrar) (Registrar's signature)

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

1
2
2

RECEIVED
District Health Officer No. 5,
District File Number 104-2033
Date Filed _____

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 mmw
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed S. L. Jones
Licensed Embalmer No. 3394
P. O. Address Roller 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.