

S. No. 2
1-9-4-41
7. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942
Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18240
State File No.
Registrar's No. 214

Primary Registration District No. 2002

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Doxlin mo. Twp
(c) Name of hospital or institution 1105 ME Kinley Dr. 1
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County
(c) City or town Sucker
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1942 hour 24 P.M. minute M.
21. I hereby certify that I attended the deceased from
19 to 19

4. Sex female
5. Color or race white
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife John Truman Tyler
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased 9, 1921

that I last saw h.e.y. alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Struck by lightning
Duration
Purined about abdomen
Due to Right thigh

8. AGE: Years 21 Months 6 Days 13
If less than one day hr. min.

Due to
Other conditions 6 mos. pregnant
(Include pregnancy within 3 months of death)

9. Birthplace Frank, Mo.
10. Usual occupation housewife
11. Industry or business own home

PHYSICIAN
Major findings: Of operations 1927
Of autopsy 1927
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Joe M. Crawford
13. Birthplace Ill
14. Maiden name Pearl Ball
15. Birthplace 375 main, Scker Okla. 1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident, 122
(b) Date of occurrence May 22 1942
(c) Where did injury occur? private home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant my Joe Crawford
(b) Address Sucker Okla
17. (a) Burial (b) Date thereof 5-27-42
(c) Place: burial or cremation new Diamond, Mo
18. (a) Signature of funeral director
(b) Address
19. (a) 5-29-42 (b) Registrar's signature

While at work? (Specify type of place)
(c) Means of injury Crown
23. Signature R. H. ... (M. D. or other)
Address Carthage Mo Date signed May

42-5-464

304 Penn. St.
1105
McCormick

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 F. M. Jones

Licensed Embalmer No. 2319

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.