

Registration District No. 22 149

Primary Registration District No. 1002

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
1224 West 71st Terrace, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days) 55 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 1224 West 71st Terrace,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Charles W. Tyler,

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-01-3312A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th
year 1943 hour 5:30 minute P. M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Wilkinson Tyler,

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased November 28 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12.20.42
19..... to 1 11 1943
that I last saw him alive on 1 10 43 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 1 14/3 hr. min.

Immediate cause of death Coronary Occlusion

Due to Arterio-sclerosis -

Due to Hypertension 940

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

10. Usual occupation at home,

11. Industry or business no.

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations no

Of autopsy no

MOTHER FATHER

12. Name William C. Tyler,

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

14. Maiden name Betty Erskine,

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ann Wilkinson Tyler,

(b) Address 1224 West 71st Ter., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-12-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(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) (c) Means of injury

23. Signature Dr. O. O. ... (M.D. or other)
1 12 43 7:30 Date

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

Dr. C. C. Conover

Proff. B. B. B.

12-30

5930 Oakwood

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.....

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address.....

740 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.