S. No. 2
M—2-43
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35943

FILED NOV 12 1943

Registration District No. 229 — Primary Registration District No. 4485 — Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Fornfelt (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 years, months or days) In this community: 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scott

(c) City or town: Fornfelt (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: Frances Anna TYLER

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: female

5. Color or race: White

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

6. (b) Name of husband or wife: Ezra A Tyler

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

7. Birth date of deceased: August (Month) 14 (Day) 1872 (Year)

8. AGE: Years 71 Months 1 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace: Dongola (City, town, or county) Ill (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: ____

FATHER 12. Name: Dont Know

FATHER 13. Birthplace: Dont Know (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Don't Know

MOTHER 15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant: E. A. Tyler

(b) Address: Fornfelt, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 13. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Hightner Cem.

18. (a) Signature of funeral director: Bisplinghoff & Hubbard

(b) Address: Illmo, Mo.

19. (a) 10/12/43 (Date received local registrar) (b) Mrs W. L. Tomlinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 10 year: 1943 hour: 6 minute: 35 P.M.

21. I hereby certify that I attended the deceased from Sept 4, 1942 to October 10, 1943 that I last saw h. alive on October 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	
Due to: Lobar Pneumonia	3 days
Due to: Chronic Myocarditis (decompensated)	16 yrs
Other conditions (Include pregnancy within 3 months of death): Chronic interstitial nephritis + Hypertension	

Major findings: Of operations: ____ Of autopsy: ____

108

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Denton J. Wilson (M. D. or other) DO.

Address: Fornfelt, Mo. Date signed 10/14/43

1316 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1143-1432
Date Filed 11-11-42

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 Mamie Bipling hoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.