No. 2
—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1795

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 296

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: 522 Elmwood 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 522 Elmwood (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Marietta Tyler

3. (b) If veteran, name war mo

3. (c) Social Security No. mo.

4. Sex Fe

5. Color or race Mg

6. (a) Single, widowed, married, divorced 2 Mdow

6. (b) Name of husband or wife David J. Tyler

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

7. Birth date of deceased May (Month) 9 (Day) 1867 (Year)

8. AGE: Years 76 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James Cottingham
13. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Susan Colloway
15. Birthplace ..... (City, town, or county) 0 Mo (State or foreign country)

16. (a) Informant Fred Thompson

(b) Address Madison Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director Mrs C. L. Foster

(b) Address K. C. Mo

19. (a) Jan 18, 1944 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1944 hour 10 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 6 1943, to Jan. 17 1944 that I last saw her alive on Jan. 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Chronic Myocarditis

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 93d

Duration

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 0

23. Signature M. Connelly Anderson M.D.

Address 6520 Indep. Ave Date signed 1-18-44

(Licensed Embalmer's Statement on Reverse Side)

Comley

805 Newton

Be 0042

He will call us.

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 Ralph W. Runnels

Licensed Embalmer No. 3860.

P. O. Address Kansas City, 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.