

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 264

Primary Registration District No. 4394 3 107

Registrar's No.

1. PLACE OF DEATH: Ozark
 (a) County
 (b) City or town Rural Bayou
 (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
 In this community years, months or days

3. (a) PRINT FULL NAME Monroe Tyson
 3. (b) If veteran, name war. No.
 3. (c) Social Security No.

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Belle
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased April 10 1875
 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 12
 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business
 12. Name W. R. Beach
 13. Birthplace
 14. Maiden name
 15. Birthplace Memphis Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
 (b) Address

17. (a) (b) Date thereof
 (c) Place: burial or cremation

18. (a) Signature of funeral director
 (b) Address

19. (a) (b) 5875 (Registrar's signature)
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ozark
 (c) City or town Rural Bayou
 (d) Street No.
 (e) If foreign born, how long in U. S. A. 0 years.

20. DATE OF DEATH: Month Jan day 2
 year 1944 hour 1.20 minute A. M.
 21. I hereby certify that I attended the deceased from Dec 25 1943 to Jan 2 1944
 that I last saw him alive on Dec 30 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Cerebral Aneurysm 2 strokes
 Due to 1st on Dec 25 1943
 2nd, Jan 1 1944

Other conditions
 Major findings: 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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) (e) Means of injury
 23. Signature C. A. Beach M.D.
 Address Elyahs rd Date signed 1-2-44

RECEIVED

Office No. 61

District File Number 244-144

Date Filed FEB 11 1944

This Body was not Embalmed
By the request of the Family
W. B. Hutchins

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Skisno
(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 _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Monroe Teyon

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased April 20 1944
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant James Tyson

(b) Address Skisno

17. (a) (Burial, cremation, or removed) burial (b) Date thereof Jan 8 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Hawkins Bridge rd

18. (a) Signature of funeral director Hall

(b) Address Franksville mo

19. (a) _____ (b) C. A. Buech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____ Day _____
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

3842