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7-5-17-39
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17370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 426

FILED MAY 17 1944
Registration District No. 12

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
Missouri Methodist Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community in Hosp.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999

(c) City or town Troy 17
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Etta P. Tyre

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1944 hour 5 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 22-44
_____, 19____, to April 24, 1944
that I last saw her alive on 4-24
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased Feb 22 1873
(Month) (Day) (Year)

Immediate cause of death Burns - Duration 3 days

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

8. AGE: Years 71 - Months 21 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation dentist

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Patton

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Isabel Burton

15. Birthplace Canada 2
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) accident 136

(b) Date of occurrence 4-22-44

(c) Where did injury occur? Troy Kansas
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) oil stove
(c) Means of injury explosion

16. (a) Informant Hattie Hill

(b) Address Lincoln, Nebraska

17. (a) burial (b) Date thereof 4-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gower Mo.

18. (a) Signature of funeral director E. F. Harn

(b) Address Troy, Kansas

19. (a) 4/26/44 (b) Carl Hergoy
(Data received local registrar) (Registrar's signature)

23. Signature Paul Johnson M.D. (M. D. or other)

Address St Joseph, Mo (M) Date signed 4-25-44

1223

AUG. 24 1944

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.....

C. F. Karr

Licensed Embalmer No. *2586 Mission*

P. O. Address *Troy Kansas*

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.