

FILED JUL 10 1946

Registration District No. 170

Primary Registration District No. 5635

Registrar's No. 101048

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Phillipsburg (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Phillipsburg
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elbert Alvazy Tyre

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Tyre 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. 22 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William M. Tyre
13. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Kinchloe
15. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Tyre
(b) Address Phillipsburg Mo.
17. (a) Burial (b) Date thereof 6-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Home Cemetery

18. (a) Signature of funeral director W.E. Holman
(b) Address Lebanon Mo.
19. (a) June 12, 1946 (b) Old Frankenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 7 minute 40 AM.

21. I hereby certify that I attended the deceased from June 3
1946 to June 3 1946
that I last saw him alive on June 3 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Cerebral hemorrhage
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 June 3, 1946
(c) Where did injury occur? Farm Phillipsburg
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place)
Under tree from limb (c) Means of injury heading
23. Signature W.E. Holman (M. D. or other) MD
Address Lebanon Mo. Date signed June 10, 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Received 7-5-16
Laclede County Health Unit
File No. 6-46-87
Date Filed 7-8-16

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 Dersey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.