

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26470**  
Registrar's No. **278**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:  
(a) County **Callaway**  
(b) City or town **Fulton**  
(c) Name of hospital or institution: **Seminole Hotel /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **53 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b), County **Callaway 14**  
(c) City or town **Fulton** (If outside city or town limits, write "RURAL") **1**  
(d) Street No. **Seminole Hotel** (If rural, give location) **2**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Gertrude Glenn Tyler**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug.** day **12**  
year **1946** hour **2:10** minute **10 P.** M.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Robert H. Tyler** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 8, 1868**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2 days before a few minutes after she expired** to **19** and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary accident.** Duration \_\_\_\_\_

8. AGE: Years **78** Months **0** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **She had angina, in shortness of breath for a few weeks**  
Due to **Arterio-Sclerosis of the coronary arteries**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Glenn**  
13. Birthplace **Ky.**  
14. Maiden name **Mildred Hall**  
15. Birthplace **Ky.**

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **940**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Robert H. Tyler**  
(b) Address **Fulton, Mo.**

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? \_\_\_\_\_

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-14-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest Cem.**

18. (a) Signature of funeral director **Wallace Funeral Home**  
(b) Address **Fulton, Mo.**

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
Signature **W. H. Jones** (M. D. or other)  
Address **Fulton, Mo.** Date signed **8-13-46**

19. (a) **8-14-1946** (Date received local registrar) (b) **Joie M. Moulton** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

25316

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RECEIVED  
District Health Officer No. 9,  
District File Number 9-46-37  
Date Filed 9-4-46

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Hullon 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.