. S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27401

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 3616

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: 3812 - BROOKLYN AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community 15 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3812 - BROOKLYN AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country --

3. (a) PRINT FULL NAME MR JAMES EDWARD TYLER

3. (b) If veteran, name war NO

3. (c) Social Security No. 499-10-3459

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. NELLA TYLER

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

7. Birth date of deceased APRIL (Month) 5 (Day) 1885 (Year)

8. AGE: Years 61 Months 4 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation STORE KEEPER

11. Industry or business TRANS-WORLD AIRLINES

FATHER
12. Name LANDON BENNETT TYLER
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. JIM SPENCER

(b) Address BRUNSWICK, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-20-1946 (Month) (Day) (Year)

(c) Place: burial or cremation TRIPLETT, MISSOURI

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 8-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 18TH year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased ~~from~~ on ....., 19..., to Aug 18, 1946 that I last saw him alive on Aug 18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 days
~~Due with~~	
Due to Auricular Fibrillation	2 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? (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

23. Signature Leo M. Mullen (M. D. ~~or other~~)

Address 3548 Indiana Date signed Aug 19 46

(Licensed Embalmer's Statement on Reverse Side)

3548 Chelsea
2-4-30

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 Bernard L Doran

Licensed Embalmer No. 4250

P. O. Address K. C. 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.