

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9691
Registrar's No. 91

FILED APR 10 1948

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution:
822 W 4TH ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 Yrs. (Specify whether years, months or days)

In this community 38 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT G. TYLER

3. (b) If veteran, name war: _____

(c) Social Security No. 499-09-0954

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife BLANCHE

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 21, 1880
(Month) (Day) (Year)

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

67 3 28 hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Charles Tyler

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

14. Maiden name Mary M. Wentworth

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Tyler

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 3-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Geo Diehard

(b) Address Sedalia, Mo.

19. (a) 3-22-48 (b) Betty Yeager
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 822 W. 4th
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1948 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days

Due to _____

Due to _____

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

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? _____
(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 W. B. Beekman (M. D. or other) MD

Address Sedalia Date signed 3/22/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-2-48

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.....

Frank S. Coffman Jr., Registered Apprentice No. 16
working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.