No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1948

Registration District No. 47

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5162

State File No. 11733

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katie Hattie TYLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. L. Tyler

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased September (Month) 19, (Day) 1866 (Year)

8. AGE: Years 81 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Stephens (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Reese Baker
13. Birthplace DK (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Jennie Griffith
15. Birthplace DK (City, town, or county) DK (State or foreign country)

16. (a) Informant Ralph Wilkinson
(b) Address Stephens, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Chapel

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St., Fulton, Mo.

19. (a) 4-18-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17, year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 12, 1948, to April 17, 1948 that I last saw her alive on April 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: arteriosclerosis	years
Due to	
Other conditions: Chr. myocarditis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations none
Of autopsy none

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 0

23. Signature Henry Durst (M. D. or other) M.D.
Address Fulton, Mo. Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 26 1948

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 Theodore Skinner, Jr., Registered Apprentice No. 55, working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.