

FILED JUL 17 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hosp # 1 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since May 24-1948
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 802 Clarkson Place 17
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

James R. Tyler

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 1870
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>		<u>25</u>	hr. _____ min. _____

9. Birthplace Miss. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation minister

11. Industry or business _____

12. Name Bro. Tyler

13. Birthplace Miss. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Laura Barnett

15. Birthplace P.K. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. records

(b) Address _____

17. (a) Bemistral (b) Date thereof July 8, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo

18. (a) Signature of funeral director Glen G. Mangin

(b) Address 712 Camp St. Fulton, Mo

19. (a) July 8-1948 (b) Josie Marshallhoff
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 28 1948 to July 5 1948
 that I last saw him alive on July 5 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Cerebral Arteriosclerosis

Due to _____

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

Major findings: no operation
 Of operations _____
 Of autopsy no 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) (c) Means of injury _____

Signature P. S. Jalen for M. Gertling (M. D. or other)

Address State Hosp #1 Date signed 7-5-48

RECEIVED
District Health Officer No. 9,
District File Number
JUL 15 1948
Date Filed

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. *155*
working under my personal supervision.

Signed..... *Glen Y. Mauhin*
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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.