

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Hrs
(Specify whether
In this community 37 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 419 N. Charles
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Warren Tyler

3. (b) If veteran, name war no 3. (c) Social Security No. 495-01-0728

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Cleveland Tyler 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 26 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Packing house Employee

12. Name Charles Tyler
13. Birthplace Johnson Tyler Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wentworth
15. Birthplace Johnson Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.W. Tyler
(b) Address 419 N. Charles.

17. (a) Burial (b) Date thereof 7-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill
Sweeney Phillips

18. (a) Signature of funeral director _____
(b) Address Warrensburg Mo.

19. (a) July 19, 1948 (b) Sweeney Phillips
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1947
19____, to 7-17-48, 19____;
that I last saw him alive on 7-17-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
carcinoma
prostate

Due to _____
Duration 2 1/2 yr
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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature P.F. McNamee (M. D. or other) _____
Address Warrensburg Mo. Date signed 7-19-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address. *Warrensburg*

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.