

S. No. 300
DM-10-47
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I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Jan. 30230

State File No. 10-88-118

FILED OCT 13 1948

Registration District No. 70

Primary Registration District No. 3033

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Wade
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 79 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wade 53
(c) City or town Lebanon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 418 N. Monroe 21
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pearl Mae Tyler
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 4
year 1948 hour 11 minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept. 22 1948 to Oct. 4 1948
that I last saw her alive on Oct. 4 1948
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Tyler 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 24 1874
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Skin left
Sample -
Metastasis to Brain 1 mo.
Due to St. Hemiplegia 1 wk.
Other conditions: (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
74 8 10 hr. min.

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

10. Usual occupation _____

11. Industry or business At home

12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

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

16. (a) Informant George Bennett

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 10/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cem.

18. (a) Signature of funeral director Palmas

(b) Address Lebanon

19. (a) 10-8-48 (b) Lebbie D. Gandy
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations: _____
Of autopsy: _____

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) 1 year of injury
23. Signature Paul A. Jenkins (M. D. or other)
Address Lebanon Mo. Date signed 10-5-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 21 1954

APR 21 1954

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.....

Emmett E. Emmett....., Registered Apprentice No. 246
working under my personal supervision.

Signed Richard L Palmer.....

Licensed Embalmer No. 4595.....

P. O. Address Libanon, 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.