FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 14 1949

Registration District No. 267

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2083

Primary Registration District No. 5905

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Rural Godair twp.
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot 78
(c) City or town: Rural 3 5
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Burk Tyler
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 15 (Day) 1891 (Year)

8. AGE: Years 57 Months 5 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace: Pocahontas (City, town, or county) Ark (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....

MOTHER FATHER
12. Name: Bill Tyler
13. Birthplace: Pocahontas (City, town, or county) Ark (State or foreign country)
14. Maiden name: Lizzie Stephens
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ben Tyler
(b) Address: Portageville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-31-49 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville Mo
18. (a) Signature of funeral director: Vaughn Varco Funeral Home
(b) Address: Portageville Mo
19. (a) 2-9-49 (Date received local registrar) (b) John W Gorman (Registrar's signature) LD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1949 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 27 1949 to Jan 28 1949 that I last saw him alive on Jan 27 1949 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 da
Due to: Possible Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: Yes	

PHYSICIAN — Underline the cause of 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: John J Killian (M. D. or other)
Address: Portageville Mo Date signed 2-1-49

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2-49-52

VS FEB 23 196[illegible]

STATEMENT BY LICENSED EMBALMER

Not

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 Leonard John Vargo

Licensed Embalmer No. 4336

P. O. Address Portageville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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