

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31903  
3938

State File No. ....

Registrar's No. ....

FILED SEP 20 1952  
51827

BIRTH NO. 51827 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2427 FOREST
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			3418		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JAMES	b. (Middle) CALVIN	c. (Last) TYLER III	Month SEPTEMBER	Day 3	Year 1952

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH JULY 30, 1952	9. AGE (In years last birthday) 1	10. MONTHS 3	11. HOURS 3	12. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME JAMES CALVIN TYLER JR.		13b. MOTHER'S MAIDEN NAME BARBARA ANN JOHNSON		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BARBARA ANN TYLER 2427 FOREST K.C. MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			IMMATURITY					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS			776A		
I. ANTECEDENT CAUSES			DUE TO (b) PREMATURITY					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from JULY 30, 19 52, to SEPT. 3, 1952, that I last saw the deceased alive on SEPT. 3, 19 52, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis			23b. ADDRESS 600 E. 22ND. STREET		23c. DATE SIGNED 9/3/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 5 52	24c. NAME OF CEMETERY OR CREMATORY Graveside Cem.		24d. LOCATION (City, town, or county) (State) Kansas City MO	
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DATE REC'D BY LOCAL REG 9-5-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Heat Appleton & Sons		ADDRESS 155 Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

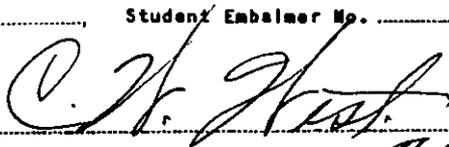
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 2710

P. O. Address 15. E. 7th

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.