

Registration District No. 792 Primary Registration District No. 4473 Registrar's No. _____

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town ARROW ROCK
(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)

In this community LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME MELISSIA TYRUS 670

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased SEPT. 3 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 27 If less than one day hr. _____ min. _____

9. Birthplace SALINE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JACKSON BROWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Johnell May

(b) Address BOONVILLE? MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 2 - 1940
(Month) (Day) (Year)

(c) Place: burial or cremation SAPPINGTON CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE MO.

19. (a) July 5 - (Date received local registrar) (b) L. K. Lawless (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE

(c) City or town ARROW ROCK, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1940 to June 30, 1940
that I last saw her alive on June 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to hypertension

Due to stroke of the brain

Other conditions (None)
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 1/26

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? 716

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. K. Lawless (M. D. or other) _____

Address Marcell P.O. R. 4 Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 7-12-40
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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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, above space should be left blank.