

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27338

FILLED SEP 12 1941
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2996

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
804 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 9
(d) Street No. 804 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JO SENEY TYLER

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased May 25, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 12 hr. min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

12. Name Unknown

13. Birthplace "
(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 Secretary of Masonic Relief Brd.

(b) Address Mr. Lane W. 8300

17. (a) Burial (b) Date thereof August 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K. C. Mo.

19. (a) 8/7/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

7
9

6/1

none

none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7/9/41
8/6 to 8/7 1941
that I last saw her alive on 8/7/41
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Fatty Heart and Diabetes } Several
and Diabetes } years

Duration Hours

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (e) Means of injury _____
C. While at work? _____
23. Signature Frederick A. Bedardis, M.D. (M. D. or R. C. P.)
Address 317 Argyle Bldg. Date signed 8/7/41
Kansas City Mo

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

A - 1
James [unclear]

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.....

Licensed Embalmer No.....

P. O. Address.....

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.