

No. 2
-4-41
17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38866

DEC 16 1941

Registration District No. 6-67

Primary Registration District No. 4334-5767

Registrar's No. 656

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Rural Wolf Island
(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 7 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 12 miles S.E. of E. Prairie
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN TYSON.

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1941 hour 9.40 minute _____ P. M.

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Tyson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: April 8, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 30 1941 to November 8 1941
that I last saw him alive on November 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: arterio sclerosis

Duration _____

8. AGE: Years 66 Months 7 Days 1 If less than one day _____ hr. _____ min.

Due to _____

Due to 97

9. Birthplace: Marshall Co. Mississippi
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation laborer

11. Industry or business journey

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Tyson

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant Elizabeth Tyson

(b) Address East Prairie

17. (a) Burial (b) Date thereof 11-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dah Shore, Chesler

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie Mo.

19. (a) 12-9-41 (b) Wm D. M. Hodges
(Date received local registrar) (Registrar's signature)

23. Signature George W. Whitaker (M. D. or D. O.)
Address East Prairie Mo. Date signed 11/12/41

18. (a) Signature of funeral director Travis Shelby

(b) Address East Prairie Mo.

19. (a) 12-9-41 (b) Wm D. M. Hodges
(Date received local registrar) (Registrar's signature)

877

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

RECEIVED

District Health Office No. 2

District File Number 1241-1701

Date Filed 12-15-41

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.