S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 36

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3003

State File No. 5796

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 103 S. 10 th. St., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 103 S. 10th. St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Johnnie E. Tyhurst

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Ella M. Tyhurst

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

7. Birth date of deceased Sept. 15, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	3	hr. min.

9. Birthplace Centralia, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grocery Clerk

FATHER
12. Name William Tyhurst
13. Birthplace London, England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Nata Duffy
15. Birthplace Dublin, Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella M. Tyhurst

(b) Address 103 S. 10th. St., Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo.

19. (a) Feb. 21-1942 (Date received local registrar) (b) Mrs Geo. Harman Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1942 hour 8 PM minute M.

21. I hereby certify that I attended the deceased from Jan 1940, 19__, to Feb 17, 1942 that I last saw him alive on Feb 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism & Paralysis — Duration 10 days

Due to Information of age

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

83b

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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Monett Mo Date signed 3/21/42

1610

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 342-304
Date Filed MAR 11 1942

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 J. W. Buchanan, Registered Apprentice No. ....., working under my personal supervision.

Signed J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.