

FILED APR 17 1942

Registration District No.

Primary Registration District No. 1

Registrar's No. 99

1. PLACE OF DEATH

(a) County Adair

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

(c) Name of hospital or institution: Log S. M. University
(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 Mo. (b) County Adair 001

(c) City or town Richsville 3
(If outside city or town limits, write "RURAL")

(d) Street No. 509 S. Mulvey
(If rural, give location)

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

If yes, name country - 0

3. (a) PRINT FULL NAME AUA TYLER

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John Tyler

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Sept 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 13 hr. min.

9. Birthplace Fountain Green, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business

MOTHER FATHER

12. Name L. R. Williams

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

14. Maiden name Caroline Annora

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

16. (a) Informant Mrs. Glen Williams

(b) Address Adair Mo.

17. (a) Burial (b) Date thereof May 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Wm. H. Howell

(b) Address Richsville Mo.

19. (a) May 21, 1942
(Date received local registrar)

W. H. Howell
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-14-42
19... to ... 19...
that I last saw her alive on 3-14-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature W. H. Howell (M. D. or other)

Address Richsville Mo. Date signed 3/16/42

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

201
633

RECEIVED

District Health Officer No. 10

District File Number 4-10-797

Date Filed APR 15 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. C. Summer

Licensed Embalmer No. 2159

P. O. Address Wicksville 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.