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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5562

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 514

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Weeks (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Hill Top Gardens K C Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: Hill Top Gardens ~~1008 BROADWAY~~
(If rural, give location)
(e) Citizen of foreign country? Kansas City Mo (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Lester Caleb Tyson
3. (b) If veteran, name war: No
3. (c) Social Security No. 486-10-2233
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edyth Tyson
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Feb (Month) 13 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
57	11	18	hr. min.

9. Birthplace: Millersburg (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Druggist
11. Industry or business: McKesson Robin Drug Co
12. FATHER Name: John Caleb Tyson
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Elizibeth Hawkins
15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Edyth Hawkins TYSON
(b) Address: Hill Top Gardens K C Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 4 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills
18. (a) Signature of funeral director: Rose & Henderson
(b) Address: 15th Jackson
19. (a) 2-1-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1943 hour 7 P.M. minute M.
21. I hereby certify that I attended the deceased from Jan 13 1943 to Jan 31 1943 that I last saw him alive on Jan 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Complete Heart Block with Coronary Sclerosis.	8 hrs
Due to: Coronary Thrombosis	15 da
Due to: Coronary Sclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death): Ha	

Major findings:
Of operations:
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: J. L. Hoffman (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

Dr Laffoon
L. C. Tyson

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 G. E. Henderson

Licensed Embalmer No. 3657

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 5562

Local Registrar's No. 514

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of Sept, 1946, before me appears Mrs. Edyth Tyson, who, upon her oath, states that the original record of ~~birth~~ death for Lester Caleb Tyson died ~~born~~ Jan. 31, 1943, in the State of Missouri, and which was filed at K.C., Mo. on 2-1, 1943, should be corrected as follows:

Item No. 2d should read Hill Top Gardens, K.C., Mo.
Instead of 1608 Broadway

Item No. 16a should read Edyth Tyson
Instead of " Hawkins

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Edyth Tyson Wife
Relationship.

Hilltop Gardens Lees Summit Mo
Present Address.

Subscribed and sworn to before me this 23rd day of September, 1946

My Commission expires Oct 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

orm V. S. 135
50M—4-43
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