S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 5234

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: 3219 Euclid Ave (Home) (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) past 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 3219 Euclid Ave (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME James Alexander Tyner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife May Wells

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

7. Birth date of deceased April (Month) 22 (Day) 1856 (Year)

8. AGE: Years 87 Months 7 Days 16 If less than one day 10 hr. 35 min.

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

10. Usual occupation lumber + coal dealer

11. Industry or business Mercantile

FATHER
12. Name John L. Tyner
13. Birthplace Territory of Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Hindman
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Francis L. Tyner

(b) Address 3219 Euclid KCMo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St, Kansas City, Mo.

19. (a) 12-11-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 9th year 1943 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 15, 1943, to Dec. 9th, 1943, that I last saw him alive on Dec. 9th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficiency	1 year
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 3	
Major findings: Of operations 45 C	
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) no

(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 Dr Joseph Beasley Jr. (M.D. or other) Do

Address 1924 East 31st Date signed 12/10/43

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.