

FILED FEB 3 1944
1944

State File No. _____
Registrar's No. 151

Registration District No. _____ Primary Registration District No. 1002

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: 3242 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3242 Norledge
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ferd Welch Tyler
(b) If veteran, name war No
(c) Social Security No. None

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary L.
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Fremont Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Linotype Operator

11. Industry or business _____

MOTHER FATHER }
12. Name Frank O. Tyler
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Bumgardner
15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Mary L. Tyler
(b) Address 3242 Norledge

17. (a) Burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) Jan 11, 1944 (b) J. B. Brown
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 10
year 1944 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 1
1943 to Jan 10 1944
that I last saw him alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Hypostatic pneumonia

Due to Cardiac Decompensation

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 108

Of operations _____

Of autopsy _____

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 C. Blinn, Rectr (and/or other) D.D.

Address 7204 prospect Date signed 1-10-44

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

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.