S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6691

State File No.

FILED MAR 8 1944

Registration District No.

Primary Registration District No. 3007

Registrar's No. 50

12
7
3

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12 7
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 3
(d) Street No. 221 S. 9th St. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Arthur W. Tyner
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nelia Tyner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 23 (Day) 1883 (Year)

8. AGE: Years 60 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation City Collector (Retired)
11. Industry or business Poplar Bluff, Mo.
FATHER
12. Name Harris Tyner
13. Birthplace Unknown (City, town, or county) Ala. 1 (State or foreign country)
MOTHER
14. Maiden name Kathern Treese
15. Birthplace Unknown (City, town, or county) Ala. 1 (State or foreign country)
16. (a) Informant Nelia Tyner
(b) Address 221 S. 9th Poplar Bluff Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Missouri
19. (a) 2-16-44 (Date received local registrar) (b) Belle Linne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1944 hour 4:45 minute P M.
21. I hereby certify that I attended the deceased from 1-1 1944 to 2-10 1944 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death [illegible]
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 61

Duration

Major findings:
Of operations [illegible]
Of autopsy [illegible]

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) [illegible]
(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 0

23. Signature [illegible] (M. D. or other)
Address Poplar Bluff Mo. Date signed

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-376
Date Filed 3-3-44

AUG 7 1946

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Poplar Bluff, 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.