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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

Registration District No. 18

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4033

21025

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 15 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Amoret
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Edwin Bert Tyson

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-9506

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Lutie I. Tyson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug (Month) 26 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	12	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Mckinsey Tyson
13. Birthplace Unk (City, town, or county) Pa (State or foreign country)

MOTHER
14. Maiden name Susannah Jones
15. Birthplace Unk (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Lutie I. Tyson
(b) Address Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Archer & Mangold
(b) Address Amsterdam Mo.

19. (a) 6-9-44 (Date received by local registrar) (b) Mrs Viola L. Sills (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 5, 1944 to June 8, 1944
that I last saw him alive on June 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Lobar Pneumonia	18 hrs.
Due to Chronic Glomular Nephritis	5 yrs.
~~due to~~ Also Senile Dementia	3 yrs.

Other conditions
(Include pregnancy within 3 months of death)

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 W. H. Schubert ~~M.D.~~ or other) D.O.
Address Amoret, Missouri Date signed 6-8-44

(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~~ XX .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed L. A. Menzold

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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, above space should be left blank.