

FILED MAY 12 1945

Primary Registration District No. 5881

Registrar's No. 5881

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Bland, Missouri RD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
(c) City or town Bland, Missouri RD  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Tyree

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 Susan Owens Tyree  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased Aug 26th 1862  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 3  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Osage County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jackson Tyree  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Katie Larimore  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Hayes  
(b) Address Bland, Missouri RD  
17. (a) Burial (b) Date thereof May 1, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation College Hill

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Linn, Missouri  
19. (a) 5/2/45 (b) Zaduniewicz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1945 hour 11 minutes 15 A.M.

21. I hereby certify that I attended the deceased from April 1 1945 to April 30 1945  
that I last saw him alive on April 24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none  
Of autopsy none  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Bell Date signed 4/29/45

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

MOTHER FATHER

1286

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-11-45

**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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.**