

FILED NOV 16 1945

Registration District No. 112

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Freeman Hospital (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 41

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3

(d) Street No. 402 Byers
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma F Tyler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Joseph G Tyler 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 1, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>18</u>	hr. _____ min.

9. Birthplace Morgantown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Kirk Whitaker

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Jo Emma Tyler

(b) Address 402 Byers, Joplin, Mo

17. (a) Removal (b) Date thereof 10-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin Joplin, Mo

19. (a) 10-20-45 (b) Ed Janner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1945 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstructions 2 wks. Ca of ovaries 1 yr.

Due to

Due to

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 490

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?

While at work? _____ (Specify type of place) (c) Means of injury

23. Signature Ed Janner (M. D. or other) no
Address Joplin, Mo Date signed 10-20-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

L9
2-
5-

) K C K

45-10-829

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.