

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 207

Primary Registration District No. 4319

State File No. 6448

Registrar's No. 3

1. PLACE OF DEATH:

- (a) County... Maries
(b) City or town... Belle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution... (Specify whether)
In this community... Life years, months or days

3. (a) PRINT

FULL NAME William Weldon Tynes

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex Male 1) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife... Emma Bacon 6. (c) Age of husband or wife if alive... 60 years

7. Birth date of deceased June 27 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 10 hr. min.

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

10. Usual occupation... Miller

11. Industry or business

12. Name... John P. Tynes

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

14. Maiden name... Nancy Jane Moreland

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

16. (a) Informant... Ralph B. Tynes

- (b) Address... Festus Mo

17. (a) Burial (b) Date thereof 2-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation... Belle Mo

18. (a) Signature of funeral director... Clyde Norton

- (b) Address... Linn Mo

19. (a) 2-14-46 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State... Mo (b) County... Maries
(c) City or town... Belle
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7
year 1946 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 5 to Feb 7 1946
that I last saw him alive on Feb 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death... Organic Peritonitis
Duration 48 Hrs

Due to...

Due to...

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) no
(b) Date of occurrence...
(c) Where did injury occur? no
(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) (e) Means of injury... no

23. Signature... Pauline Howard (M. D. or other)
Address... Belle Mo Date signed... 2/14/46

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 2-28-46

MAR 8 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 _____

Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.