

**FILED** MAY 14 1948

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 10

**1. PLACE OF DEATH:**  
 (a) County Caldwell  
 (b) City or town Braymer  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In-hospital or institution 79yrs  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Caldwell / 3  
 (c) City or town Braymer, 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Thomas Anthony Tye  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH, Month March day 28th  
 year 1946 hour 9 minute 30pm M.

4. Sex male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Emma Tye 6. (c) Age of husband or wife if alive 23 years  
 7. Birth date of deceased July 23 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from mech 27, 1946 to mech 28 1946  
 that I last saw him alive on mech 28 1946  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 79 Months 8 Days 5  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death myocarditis following chronic Rheumatism  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Davis County Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation farmer retired

Other conditions ✓  
(Include pregnancy within 3 months of death)  
 Major findings: ✓  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Nelson Tye  
 13. Birthplace Barboursville Ky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bebbecca Smith  
 15. Birthplace Barboursville Ky  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
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16. (a) Informant Miss Any Tye  
 (b) Address Braymer, Mo  
 17. (a) Burial (b) Date thereof 3-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Braymer Evergreen

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)

18. (a) Signature of funeral director Edward Wood  
 (b) Address Braymer, Missouri  
 19. (a) John Milled (b) Joan Milled  
(Date of local burial) (Registrar's signature)

While at work? ✓ (Specify type of place) \_\_\_\_\_  
 (e) Means of injury ✓  
 23. Signature Henry H. Paterson (M. D. or other) ✓  
 Address Braymer, Mo Date signed \_\_\_\_\_

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

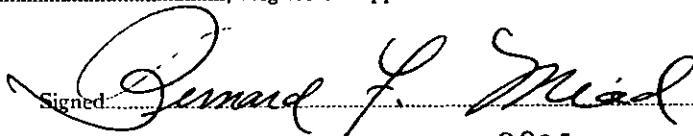
DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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: 

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

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.