

No. 2  
M-5-43  
v. 5-17-39  
I X36671

**FILED DEC 10 1946**

Registration District No. **156**

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:  
**Joplin General Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 hours**  
(Specify whether)

In this community **Entire Life**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper**

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

(d) Street No. **8th & Waggoner**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Robert S. Tyler**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov.** day **3**  
year **1946** hour **6:00** minute **P** M.

**21. I hereby certify that I attended the deceased from** **Nov. 2**, 19**46** to **Nov. 3**, 19**46**  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex **Male** ( ) 5. Color or race **White**

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

6. (b) Name of husband or wife **Peggy** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 16, 1895**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**Heart & Respiratory failure**

Due to **Coronary Sclerosis**  
**Acute enteritis**

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

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

**8. AGE:**

Years	Months	Days	If less than one day
<b>51</b>	<b>2</b>	<b>18</b>	_____ hr. _____ min.

9. Birthplace **Webb City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Driver**

11. Industry or business **Best Cleaners**

**MOTHER** { 12. Name **Unknown**

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant **Mrs. Peggy Tyler**

(b) Address **8th & Waggoner, Joplin, Mo**

17. (a) **Removed** (b) Date thereof **11-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beaver, Arkansas**

18. (a) Signature of funeral director **Parker Hunsaker**

(b) Address **1502 Joplin, Joplin Mo**

19. (a) **11-5-46** (b) **W. J. Sperry**  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **Coronary sclerosis, Acute inflammation intestinal tract, Chronic**

22. If death was due to external cause, in \_\_\_\_\_

(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)

(e) Means of injury \_\_\_\_\_

23. Signature **W.E. Heinen** (Seal or other) \_\_\_\_\_

Address **521 W. 4** Date signed **11-5-46**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

36277

134

(Licensed Embalmer's Statement on Reverse Side)

Joplin

46-11-976  
JUL 22 1941

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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 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.**