No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
A BUREAU OF THE CENSUS
FILED JAN 29 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

636

State File No.

Registration District No. 86 Primary Registration District No. 5329 Registrar's No. 2-1947

1. PLACE OF DEATH:

(a) County CRAWFORD

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

(c) Name of hospital or institution: 10 MILES NORTHWEST OF BOURBON (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution AT HIS HOME (Specify whether In this community LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD 28

(c) City or town RURAL (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 JAMES SAMUEL TYREE

3. (b) If veteran, name war NONE

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife ~~SARAH HARRIS~~ TYREE

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased OCT (Month) 27 (Day) 1869 (Year)

8. AGE: Years 77 Months 2 Days 21 If less than one day hr. min.

9. Birthplace NEAR OAK HILL (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ✓

FATHER
12. Name DAVID TYREE 0
13. Birthplace CRAWFORD CO. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name SARAH HARRIS 0
15. Birthplace CRAWFORD CO (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant CORA TYREE

(b) Address OAK HILL MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 20 1947 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM. OAK HILL MO.

18. (a) Signature of funeral director Milford H. H. Winter

(b) Address OWENSVILLE MO

19. (a) 1-17-47 (Date received local registrar) (b) Paul A. Shanklin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 18 year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-19 1946 to 1-18 1947 that I last saw him alive on 1-16 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis With ~~Cardiac~~ Decompensation	3 yrs
Due to	
Due to	
Other conditions Acute Bronchitis (Include pregnancy within 3 months of death)	6 days

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)

(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)

While at work? (e) Means of injury 0

23. Signature Paul A. Brenner (M. D. or other) M.D.

Address Owensville, Mo. Date signed 1-18-47

372

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 [redacted]

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Mulford H. H. Winter

Licensed Embalmer No. 5838

P. O. Address Owensville 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.

S. No. 2B
M—3-45
I X43880

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

State File No. 7-6

Registration District No. 86 Primary Registration District No. 5329 Registrar's No. 2-1947

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Miles Northwest of Bourbon, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At this home (Specify whether)
In this community: Lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Crawford
(c) City or town: Rural (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: James S. Tyree
3. (b) If veteran, name war: None
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Cora Burson Tyree
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: Oct (Month) 27 (Day) 1866 (Year)
8. AGE: Years 77 Months Days If less than one day hr. min.
9. Birthplace: Near Oak Hill Mo. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: David Tyree
13. Birthplace: Crawford County Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Harley
15. Birthplace: Crawford County Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Cora Tyree
(b) Address: Oak Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem., Oak Hill, Mo.
18. (a) Signature of funeral director: Milford H. H. Winter
(b) Address: Owensville, Mo.
19. (a) 1-17-47 (Date received local registrar) (b) Paul Q. Brenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 18 year 1947 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-29-1946 to 1-18 1947; that I last saw him alive on 1-16-47 19..; and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic Myo-Carditis with Cardiac Decompensation — Duration
Due to
Due to
Other conditions: Acute Bronchitis
(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)
(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)
While at work? (e) Means of injury

23. Signature: Paul Q. Brenner (M. D. or other) M.D.
Address: Owensville, Mo. Date signed 1-18-47

SUPPLEMENTARY

S-1636