

No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17650

FILED MAY 29 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2205

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Wheatley Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days
(Specify whether years, months or days)

In this community 17 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Gervase Lee Tyler

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-4820

4. Sex Male 5. Color of race Negro

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

6. (b) Name of husband or wife Thelma Tyler

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased October 1, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40	27	14	hr. min.
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9. Birthplace Texarkana Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Will Tyler

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

14. Maiden name Olinda Hawkins

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

16. (a) Informant Thelma Tyler

(b) Address 1931 Montgall

17. (a) Burial (b) Date thereof 5/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter Bros

(b) Address 1729 Dwyer Ave

19. (a) 5-19-47 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1931 Montgall Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1947 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from 4-20
19 to 5/15/47 1947

that I last saw him alive on 5/15/47 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Medical Regurgitation

Due to _____

Due to _____

Other conditions remains terminal
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 928

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? _____

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

23. Signature Walter Bros (M. D. or other) _____

Date signed 5/19/47

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

Dr. F. W. Turner

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.....

J. Jerome Granlove
Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.