

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

Registration District No. 242 Primary Registration District No. 436v Registrar's No. 36

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

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town Morehouse  
(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 years, months or days) 36 years

3. (a) PRINT FULL NAME CLAUDE TYSON  
3. (b) If veteran, name war. 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 Little R. Tyson 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased 10 21 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 7 10 hr. min.

9. Birthplace Obion Co. Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Lumber Mill

12. Name Alfred J. Tyson

13. Birthplace Weekley Co. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Rudd

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

16. (a) Informant Little Roxie Tyson

(b) Address St. Louis, Mo. 1225 So. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) June 25 1947 (b) Thomas M. Sikeston  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town Morehouse  
(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.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 31  
year 1947 hour 13:00 minute 6 A. M.  
21. I hereby certify that I attended the deceased from  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him  alive on  \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death in house  
Cause of fire unknown  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 180°  
Of operations \_\_\_\_\_  
Of autopsy No

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) Accident 721  
(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 Car  
23. Signature Ed Helms (M., D. or other) Carver  
Address New Madrid, Mo. Date signed 5/31-47

RECEIVED

District Health Office No. 2,

District File Number 647-901

Date Filed 6-27-77

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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.....

Not Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... John Allerton .....

Licensed Embalmer No. 2941.....

P. O. Address Sebaston .....

**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.**