

FILED DEC 26 1947  
Registration District No. **274**

Primary Registration District No. **3056**

Registrar's No. **282**

1. PLACE OF DEATH:

(a) County **Randolph**  
(b) City or town **Madison**  
(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 **—**  
(Specify whether  
In this community **about one month**  
years, months or days)

3. (a) PRINT FULL NAME **Mary Susan Tyner**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **James Albert Tyner** 6. (c) Age of husband or wife if alive **deceased**

7. Birth date of deceased: **4** (Month) **16** (Day) **1882** (Year)

8. AGE: Years **85** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **Shelby Co. Mo.** (City, town or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **at home**

12. Name **Harvey Douglas** 13. Birthplace **W. Va.** (City, town or county) (State or foreign country)

14. Maiden name **Mabel Copenhaver** 15. Birthplace **W. Va.** (City, town or county) (State or foreign country)

16. (a) Informant **Mr. Frank Johnson** (b) Address **211 S. Arch Mo.**

17. (a) **—** (b) Date thereof **12-14-1947** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **Fred A. Thompson**

(b) Address **—**

19. (a) **12-14-47** (b) **Seal & Signature Case** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Monroe 69**

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

(d) Street No. **—** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11** year **1947** hour **2** minute **15 a.m.**

21. I hereby certify that I attended the deceased from **Jan 1** 19**46** to **Dec 11** 19**47**

and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency**

Due to **Cancer Bladder (urinary)**

Due to **—**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **—**

Of autopsy **—**

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) Manner of injury **—**

23. Signature **J. J. [Signature]** (M. D. or other) **DO**

Address **—** Date signed **12-13-47**

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

MOTHER FATHER

28  
6  
3

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-1795  
Date Filed DEC 23 1947

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 Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Ind

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.