

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23936

Registration District No. 296

Primary Registration District No. 6019

State File No.

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Ray
(b) City or town 3 Miles east of Orrick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ø
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of her life years, months or days)

3. (a) PRINT FULL NAME Mary Jane Wyatt

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 Married
6. (b) Name of husband or wife David Wyatt 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased February 24 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 11 hr. min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name A. J. Downs
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Sylvania Hardin
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant David Wyatt
(b) Address Orrick, Mo. Route #
17. (a) Burial (b) Date thereof 7-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation South Point

18. (a) Signature of funeral director B. W. Good
(b) Address Orrick, Mo.
19. (a) 7-7-48 (b) Helen J. Larkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 7 minute 15 AM.

21. I hereby certify that I attended the deceased from June 1 1948 to July 5 1948
that I last saw her alive on July 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Chronic Endocarditis

Due to Cerebral Apoplexy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature G. F. Semmons (M.D. or other) MO.
Address Orick, Mo. Date signed 7-7-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-10-48

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 _____

working under my personal supervision.

Self

Registered Apprentice No. _____

Signed _____

Victor E. Liminger

Licensed Embalmer No. _____

P. O. Address _____

*2896
Liberty 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.