

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22057

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Jackson Primary Registration District No. 5553B
(c) City Jackson (d) Street No. 6 Home Registered No. 134
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CARRIE HYATT 300
(a) Residence, No. 6 Home St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hyatt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1894
7. AGE, YEARS 63 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Ernest Jackson (ADDRESS) 6 Home18. BURIAL, CREMATION, OR REMOVAL Smethville, Mo. DATE June 24, 193819. FUNERAL DIRECTOR Ketterlin (ADDRESS) 6 Home20. FILED July 5, 1938 William J. Fields Local Registrar. 362

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 193822. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1938 to 6-18-38, 1938
I last saw him/her alive on 6-16-38, 1938 Death is saidto have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:Pulmonary tuberculosis Date of onsetOther contributory causes of importance: 72 HName of operation Date of
What test confirmed diagnosis Cholera as there an autopsy no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. H. Green, M. D.
(Address) Independence

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)