

REC'D MAY 11 1939

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

14265  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 388  
 (c) City St. Joseph (d) Street No. Mo. Methodist Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margret E. Wyatt  
 (a) Residence, No. Y.W.C.A. St. Joseph 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 (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \*\*\*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
23 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress  
 9. Industry or business in which work was done, as saw mill, bank, etc. Sun Manufacturing Co.  
 10. Date deceased last worked at this occupation (month and year) Co. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Rosendale (STATE OR COUNTRY) Mo.

FATHER 13. NAME Earl Wyatt

14. BIRTHPLACE (CITY OR TOWN) Rosendale (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ruth E. Miller

16. BIRTHPLACE (CITY OR TOWN) Maryville (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Earl Wyatt  
Rosendale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo. DATE 4 12 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit (ADDRESS) Savannah Mo.

20. FILED Apr 11 1939 H. J. Nutt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 10 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-30-39 to 4-10-39

I last saw him alive on 4-10-39 at 9 AM. Death is said to have occurred on the date stated above, at 9 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis

Date of onset

Other contributory causes of importance:

Anemia

Name of operation None Date of None

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury None, 1939

Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify T. R. Howler, M. D.

(Signed) H. J. Nutt (Address) 620 Francis St. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

**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, .....

E. C. Breit ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed E. C. Breit .....

Licensed Embalmer No. 2650 .....

P. O. Address Savannah 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, above space should be left blank.**