

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4833

JAN 22 1940

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospt.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)
 In this community 50 Yrs

8. (a) PRINT FULL NAME Gladys A. Pyeatt

8. (b) If veteran, name war XXX 8. (c) Social Security No. no

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Calvin B. Pyeatt 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 10 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business No.

MOTHER FATHER
 { 12. Name Mortica Wilson
 { 13. Birthplace Unknown W. Vir.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Anna E. Parsell
 { 15. Birthplace Xenia Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Calvin B. Pyeatt

(b) Address 3732 Bellfontaine

17. (a) Burial (b) Date there Dec. 23 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd. K. C. Mo

19. (a) Dec 21, 1939 (b) mm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3732 Bellfontaine
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st.
 year 1939 hour 4.30 minutes A M.

21. I hereby certify that I attended the deceased from 12/10
 1939, to 12/21, 1939
 that I last saw her or alive on 12/20, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Liver abscess

Due to _____
 Due to _____

Other conditions all Perforated abscess
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Salivary gland abscess

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? 1 (Specify type of place)
 (a) Means of injury _____

23. Signature H. C. W. P. (M. D. or other) M.D.
 Address 1022 Argyle Blvd Date signed 12/21/39

Duration
1
2

PHYSICIAN

 Underline the cause to which death should be charged statistically

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.

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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.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed.....

Chas W. Wilks

Licensed Embalmer No. *2644*

P. O. Address. *1800 Pinewood*

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.