

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

1176

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Jackson 2  
(b) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 916 E. 13<sup>th</sup> St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 3 weeks

3. (a) PRINT FULL NAME Margaret Kathleen Wyatt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 13, 1939  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 2 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Joseph Wyatt  
13. Birthplace Gauleton, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Lucia  
15. Birthplace Macon, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Claude Wyatt  
(b) Address Belton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Mo.

18. (a) Signature of funeral director P. H. Jones & Sons  
(b) Address Belton, Mo

19. (a) Jan. 12 40 (Date received local registrar) (b) M. M. Crowe (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. 916 E. 13<sup>th</sup> St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1, day 10, year 40 hour 1 minute 30P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
(no contributory)  
Due to \_\_\_\_\_, 10/14/40

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no inspection & history

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 \_\_\_\_\_ (Specify type of place) (e) Means of injury 5  
23. Signature C. H. Held (M. D. or other) \_\_\_\_\_  
Address Belton Date signed \_\_\_\_\_

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.

**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

Berry W. Hucker, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Berry W. Hucker  
Licensed Embalmer No. 3944  
P. O. Address Belton, 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.**