

Registration District No. 78

Primary Registration District No. 5115B

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Boone Mo  
(b) City or town Columbia mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
No Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community No  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
Rural  
Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

FILED DEC 11 1940

3. (a) PRINT FULL NAME Thomas Allen Wyatt

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

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

6. (b) Name of husband or wife Zettie Wyatt 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 4 1862  
(Month) (Day) (Year)

8. AGE: 78 Years 6 Months 16 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

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

12. Name Ed Wyatt

13. Birthplace Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Wisten

15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Gene Wyatt

(b) Address Rockport Mo

17. (a) Burial (b) Date thereof Nov 21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Springs

18. (a) Signature of funeral director A. C. Wilcox

(b) Address \_\_\_\_\_  
19. (a) 11-28-40 (b) Mary M Angel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1940 hour 6.30 minute A M.

21. I hereby certify that I attended the deceased from June 23 1939 to Nov 20 1940  
that I last saw him alive on Nov 19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis  
Chronic Arteriosclerosis  
(Arteriosclerosis)

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
na

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. E. Angel (M.D. or other) \_\_\_\_\_  
Address Rockport Mo Date signed 11-21-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*R. W. Wickett*

Licensed Embalmer No. ....

3183

P. O. Address.....

*Columbia*

**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.**