

No. 2
-13-40
-17-39
X23159

FILED JAN 25 1941

Registration District No. 259

Primary Registration District No. 4358

2

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

1. PLACE OF DEATH:

(a) County De Kalb

(b) City or town Wassouille
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County De Kalb

(c) City or town Wassouille
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULLNAME GEORGE W. WYATT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1940 hour 12:30 PM minute 0 M.

21. I hereby certify that I attended the deceased from Dec 24, 1940 to Dec 31, 1940;
that I last saw h. in alive on Dec 31, 1940
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Wyatt 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July - 8 - 1852
(Month) (Day) (Year)

Immediate cause of death chronic nephritis arteriosclerosis

Due to _____

Due to 121

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

88 5 23 hr. _____ min.

9. Birthplace Buchanan Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jonathan Wyatt

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

14. Maiden name Margaret Finley

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

16. (a) Informant George Wyatt

(b) Address Wassouille mo.

17. (a) Burial (b) Date thereof 1-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

Major findings:

Of operations _____

Of autopsy no

18. (a) Signature of funeral director John G. Brown

(b) Address Clark Dale mo

19. (a) 12-31-40 (b) Ethel H. Bone
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Edith H. Bone (M. D. or other) Do.

Address Wassouille mo Date signed Jan 2, 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John G. Brown
.....

Registered Apprentice No.

working under my personal supervision.

Signed *John G. Brown*
.....

Licensed Embalmer No. *3933*

P. O. Address *Claypsdale 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, fact should be so stated above.