No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3415

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 2410 Market St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in Hospital (Specify whether

In this community 14 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town ~~Missouri~~ Hannibal (If outside city or town limits write "RURAL") 4

(d) Street No. 2410 Market (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Henry Lee Wyatt

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced — 0

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased December (Month) 11 (Day) 1940 (Year)

8. AGE: Years — Months — Days 14 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant 0

11. Industry or business 0

FATHER
12. Name Newton Wyatt 0
13. Birthplace Shelby County Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bessie Noel
15. Birthplace Boone County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Newton C. Wyatt

(b) Address Hannibal Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address Hannibal Mo.

19. (a) Jan. 1, 1941 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th year 1940 hour 9:00 minute P. M. M.

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

	Duration
Immediate cause of death Unknown.	
~~Due to~~ Child Died	
~~Due to~~ Without Medical Attention.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 200 B	PHYSICIAN —
Of autopsy none	Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? 1144 (Specify type of place)

While at work — (e) Means of injury —

23. Signature E. M. Lucke (M. D. or other)

Address Court House Date signed 12/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Roy P. Schwartz, Registered Apprentice No. _____ working under my personal supervision.

Signed Roy P. Schwartz

Licensed Embalmer No. 1767

P. O. Address Hannibal, 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.