

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5702**
Registrar's No. **474**

MAR 14 1941 99
Registration District No. **1002**

Primary Registration District No. **1002**

1838
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution: **2715 Brooklyn**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **15 Years**
In this community **15 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ora Marie Wyatt**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Fe.**
5. Color or race **Wh.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elvin**
6. (c) Age of husband or wife if alive **53**
7. Birth date of deceased **Nov. 9 1884**
(Month) (Day) (Year)

8. AGE: Years **56** Months **2** Days **22**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Joseph Butterfield**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Eriza Mc. Vey**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elvin Wyatt**
(b) Address **2715 Brooklyn**

17. (a) **Burial** (b) Date thereof **Feb. 1-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Rose & Henderson**
(b) Address **15 & Jackson**

19. (a) **2-1-41** (b) **M.M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2715 Brooklyn**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **30**
year **1941** hour **6** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Jan 22 1940**
1940 to **Jan 28 1941**
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **(Sudden)**

Due to **94 B**

Other conditions **none**
(Include pregnancy within 3 months of death) **94 B**

Major findings:
Of operations _____
Of autopsy **no**

Duration
Physician
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) _____
(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?

36
While at work? _____ (Specify type of place)
(c) Means of injury **D**
23. Signature **E. L. Mills** (M. D. or other)
Address **1032** Date signed **2/28/41**

AP Lee Miller
Prof. Body

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 G. E. Henderson

Licensed Embalmer No. 3657

P. O. Address K. E. 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.