

Registration District No. 278

Primary Registration District No. 4228

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Free Hospital Fayette, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette, Mo.
(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. 0 years.

3. (a) PRINT FULL NAME LUCY RAY WYATT.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pres Wyatt 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Dec. 27 - 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Samuel Ray
13. Birthplace Not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Matthews
15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Wyatt
(b) Address Rockport, Mo. R.R. #1

17. (a) Burial (b) Date thereof Feb 27, 11
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Big Springs

18. (a) Signature of funeral director A. S. Klunk
(b) Address New Franklin, Mo.

19. (a) 2-25-11 (b) Amund
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22
year 1941 hour 3 minute 20 a. M.

21. I hereby certify that I attended the deceased from 12-15-
_____, 1941, to 2-22, 1941;
that I last saw him alive on 2-22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Aneurysm Duration 3 yrs

Due to ✓ 12/18
Due to ✓

Other conditions Chronic atherosclerosis of myocardium
(Include pregnancy within 3 months of death)

Major findings: Blood transfusion
Of operations _____
Of autopsy _____
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? 341

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. Bloom (M. D. or other) MD
Address Fayette, Mo. Date signed 2-25-41

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

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. L. Hall

Licensed Embalmer No. *3515*

P. O. Address. *New Franklin*

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.