DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13566

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1547

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2510 Brighton 1 (If not in hospital or institution, write street number or location)

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

In this community 50 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 18

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 2510 Brighton 8 (If rural, give location)

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

3. (a) PRINT FULL NAME Ella Hyatt

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 30 (Day) 1864 (Year)

8. AGE: Years 76 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

10. Usual occupation at home.

11. Industry or business

FATHER
12. Name Reuben Hyatt
13. Birthplace No record. 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mamie Bidwell
15. Birthplace Indiana 1 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Floyd Hyatt

(b) Address 2510 Brighton

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Bergman Funeral Home

(b) Address 4306 Millwell Pky

19. (a) Apr 18 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1941 hour 11 minute 30 a M.

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

Immediate cause of death — Duration

Acute pulmonary congestion

Due to Chronic myocarditis

Due to Coronary sclerosis 93 D

Other conditions (Include pregnancy within 3 months of death) 93 F

Major findings:
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? (Specify type of place)

While at work? Means of injury 3

23. Signature [signature] (M. D. or other)

Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

X19511

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 Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address Kan City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.