

FILED FEB 18 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. **6162**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
State Hospital No 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 4 months 22 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY-ELLA-WYATT

3. (b) If veteran, name war no

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Ernest William Wyatt / 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased unknown unknown unknown  
(Month) (Day) (Year)

8. AGE: Years 74 Months - Days - If less than one day - hr. - min.

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

10. Usual occupation housewife

11. Industry or business none

MOTHER FATHER { 12. Name Rob Litteral

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

14. Maiden name Hannah Baker

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

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 1-31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheaton, Mo.

18. (a) Signature of funeral director Paul E. Barone

(b) Address Nevada Mo

19. (a) Jan 30 1942 (b) Allen V. Bay  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry <sup>108</sup>

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30  
year 1942 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 8, 1944, to Jan 30, 1942  
that I last saw her alive on Jan 30, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to \_\_\_\_\_

Due to 93d

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

While at work? no (Specify type of place) (e) Means of injury none

23. Signature Paul E. Barone (M. D. or other) MD  
Address State Hosp No 3 Date signed Jan 30

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10800

RECEIVED

District Health Officer No. 7,

District File Number 2-42-107

Date Filed 2-13-42,

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**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 Mark Lechner  
Licensed Embalmer No. 2656  
P. O. Address Nevada 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.**