

FILED APR 2 1942

Registration District No. _____

Primary Registration District No. 4350

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Montgomery Co.
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 8 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susan Wyatt

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Wyatt (Dea) 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Unknown born in slavery
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
near - 90 hr. min.

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

10. Usual occupation Ret. Housewife

11. Industry or business General Duties

MOTHER FATHER { 12. Name Unknown
18. Birthplace 9
14. Maiden name Elizabeth Robinson
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Yvette May Lee
(b) Address Montgomery City Mo

17. (a) Montgomery City (b) Date thereof 3-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Walter G Jones
(b) Address Bellflower Mo

19. (a) 3-12-1942 (b) Mrs C.E. Vandover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City 070
(If outside city or town limits, write "RURAL") 1
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from June 6, 1937 to March 11, 1942, that I last saw her alive on March 4, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease, Mitral insufficiency
Due to Arterio-sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 92 b
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul Messer (M. D. or other) 0
Address Montgomery City Mo Date signed 3/12/42

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

70
1
0

APR 8 1942

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 Clarence H. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower, Ind.

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.