V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 5 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 115-1

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. State Hosp. No. 2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 10 mos 24 days (Specify whether years, months or days)

In this community No data of record

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1 7

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

(d) Street No. 905 Corby (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — — 0

3. (a) PRINT FULL NAME ANNA HYATT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem

5. Color or race Wht

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

6. (b) Name of husband ~~or wife~~ Howard Hyatt

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

7. Birth date of deceased August (Month) 28 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	21	— hr. — min.

9. Birthplace Pittsburgh, Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation No record of

11. Industry or business No record

FATHER
12. Name William Weightman
13. Birthplace Pittsburgh Penn 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Jones
15. Birthplace Pittsburgh, Penn 1 (City, town, or county) (State or foreign country)

16. (a) Informant D. J. Wightman

(b) Address 2519 Kansas Ave, Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1942 (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp. for S & Y

18. (a) Signature of funeral director Heaton Bessole & Bowman

(b) Address 319 E. 10th St. Home

19. (a) 11-28-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 19th year 1942 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov, 17, 1942 to Nov, 19, 1942 that I last saw her alive on Nov, 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia Organism undetermined	5 days
Due to Clinical symptoms - Influenza	14 days
Due to	
Other conditions Senile psychoses, simple (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations —
Of autopsy —

107

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? (e) Means of injury

23. Signature W G Rowe (M. D. ~~or other~~)

Address St. Hosp #2, St. Joseph, Mo. Date signed 11/19/42

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(Licensed Embalmer's Statement on Reverse Side)

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

not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.