

FILED DEC 18 1942

Registration District No. _____

Primary Registration District No. **5573**

Registrar's No. _____

1. PLACE OF BIRTH:

(a) County **Jackson**
(b) City or town **Grain Valley (Rural)**
(c) Name of hospital or institution:
Str. a. Bar twp. 1 1/2 mi S.W.
(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 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Grain Valley Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **5 mi S.W.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas D. Wyatt**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dora** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased. **Aug 10 - 1883**
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **22** If less than one day hr. _____ min. _____

9. Birthplace **Ky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James Wyatt**

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

14. Maiden name **Mary Caldwell**

15. Birthplace **Ky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jack Wyatt**

(b) Address **Grain Valley Mo**

17. (a) **Burial** (b) Date thereof **12-4-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Blue Springs Mo**

18. (a) Signature of funeral director **B. Webb**
(b) Address **Blue Springs Mo**

19. (a) **12-5-42** (b) **Mrs. John Dawson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **second**
year **1942** hour **6:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **on date of death** 19____ to **12/2** 19**42**
that I last saw him alive on **Dec 2** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____

Due to **gfa**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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) **None**

(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 **F. W. ...** (M. D. or other) _____
Address **Blue Springs Mo** Date signed **12/2/42**

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

48
00

1312

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.....

Licensed Embalmer No. 2353

P. O. Address. Blm Springs

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.