

S. No. 2
4-5-42
5-17-39
PI X3227

State File No.

Registrar's No. 128

Registration District No. 1000

Primary Registration District No. 1000

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

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:
1721 Jules Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 87 years 9 months 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1721 Jules Street
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Christopher Clark Hyatt

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Josephine Hyatt

6. (c) Age of husband or wife if alive, 8 years

7. Birth date of deceased March 8 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	9	15	hr. min.
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9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Dealer

11. Industry or business.....

12. Name Culver C. Hyatt

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

14. Maiden name Mary Wood

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

16. (a) Informant Mrs Frank Kennard (Daughter)

(b) Address Chicago, Illinois

17. (a) Cremation (b) Date thereof 1-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. J. Newcomer & Sons Kansas City, Mo

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo

19. (a) 1-26-43 (b) Rose Herzig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23d
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I viewed the deceased from on
Jan 23d 1943 to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Thrombosis 1 day

Due to General Arteriosclerosis 2 yrs

Due to Man died suddenly in bed at his home, following

Other conditions, 2 years confinement
(Include pregnancy, with months of death)

Major findings: to his home on account of debility and general

Of operations.....

Of autopsy no

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).....

(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 Coroner

23. Signature St. Munday (M. D. or other).....

Address 464 So 3d st Date signed 1/24/43

APR 28 1943

1943 7 7 100

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 Geo E Daniel
Licensed Embalmer No. 3300 Missouri
P. O. Address St. Joseph, Missouri

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.