

S. No. 2  
FORM-2-43  
5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18620

State File No. \_\_\_\_\_

FILED JUN 10 1943

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community All life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1518 Shultz Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Billy Lester Wyatt

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 Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased Jan. 3, 1928  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
15 4 25 hr. min.

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

10. Usual occupation School Boy

11. Industry or business as above

12. Name William Lester Wyatt

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

14. Maiden name Ruth Long

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

16. (a) Informant Wm. Lester Wyatt

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof May 30, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) 5-30-1943 (b) Jessie N. Marky  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 26 1943 to May 28 1943  
that I last saw him alive on May 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hebete Mellitus - 5 years

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

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

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature J. L. La Forge (M. D. or other) MD

Address Caruthersville, Mo. Date signed 5/29/43

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

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5-43-217

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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..... *J. L. La Forge* .....

Licensed Embalmer No. *3082* .....

P. O. Address *Canthersville, 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.**