

10 AUG 6 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1200 E 9th**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **5 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1200 E 9th**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George Ebert Pyatt

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**
year **1943** hour **0** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 19**
_____, 19**42**, to **July 25**, 19**43**;

that I last saw him alive on **July 21**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction**

Due to **myocardial infarction** _____ years.

Due to **spinal cord degeneration (myelitic) spinal cord trauma post-traumatic** _____ years.

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

Major findings: Of operations _____

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 **P. Lane Stines** (M. D. or other) _____

Address **1419 Professional Bldg** Date signed **7-23-43**

4. Sex **M** 5. Color or race **wh**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Belle Keratt**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Nov 21 1861**
(Month) (Day) (Year)

8. AGE: Years **71** Months **8** Days **2**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **M.S.**

11. Industry or business _____

12. Name **Egra Pyatt**

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

14. Maiden name **Anne Mahaley**

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

16. (a) Informant **Ms Belle Pyatt**

(b) Address **1200 East 9th**

17. (a) **Burial** (b) Date thereof **7-26-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Elmwood**

18. (a) Signature of funeral director **M. C. L. Foster**

(b) Address **St. James**

19. (a) **7-24-43** (b) **J. E. Brown**
(Date received local register) (Registrar's signature)

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

5-11-44 7868

Duration **3 months**
PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 25 1954

1-5-30
Mar 6 23 4

Brown & Beck

M. C.

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 Frederic C. Browning
Licensed Embalmer No. 2724
P. O. Address Itano

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.