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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4177

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1348

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 33 years 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. 2811 Edmond (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FREDRICK Wm WYANT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma Wyant

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 25 (Day) 1865 (Year)

8. AGE: Years 78 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Crittenden (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation pastry cook

11. Industry or business Robidoux Hotel

FATHER
12. Name William O. Wyant
13. Birthplace Crittenden (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sophronia Lee
15. Birthplace Covington (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Emma Wyant

(b) Address 2811 Edmond

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address 319 South 10th

19. (a) 12/10/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1943 hour 3 minute 35A M.

21. I hereby certify that I attended the deceased from Dec-6, 1943, to Dec-9, 1943 that I last saw him alive on Dec-8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	2 days
Due to Volvulus.	3 days
Due to Bronchial Asthma	several years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

12262

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 T. L. Howden (M. D. or other) M.D.

Address 620 Tennessee Date signed 12-9-43

1233

(Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

Dr. H. L. Howden
Kirkpatrick Bldg.

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.