S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18400

State File No.

FILED JUN 12 1944

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 268

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2522 Empire (If not in hospital or institution, write street number or location)

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

In this community 28 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 2522 Empire (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alta Eunice Wyatt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased January (Month) 16 (Day) 1879 (Year)

8. AGE: Years 65 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business At Home

FATHER
12. Name William P. Lewis
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Hattie Anderson
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Chester Wyatt

(b) Address 2522 Empire Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Webb City Hud Co

(b) Address Webb City, Mo

19. (a) 5-23-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 21 year 1944 hour 1345 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15, '44 1944, to May 21, 1944 that I last saw her alive on May 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pelvic Organs. Uterus & adenexa.

Due to

Due to

Other conditions Toxic Myocardosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

48 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H B Kerr DO (2) (Date signed 5-23-44)

Address 530 ½ Main Joplin

1264

(Licensed Embalmer's Statement on Reverse Side)

44-5-429

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 Myself,

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

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 430 f

P. O. Address Webb City 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.