

FILED AUG 18 1944

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

Registration District No. 192

Primary Registration District No. 5906 4305

Registrar's No. 14

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Anderson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
neither  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 yrs 3 mos years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town Anderson  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESS C. WYATT

3. (b) If veteran, name war none 3. (c) Social Security No. 495-075815

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, none  
6. (b) Name of husband or wife Galdy Wyatt 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased June 24 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 1 2 ✓ hr. ✓ min.

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

10. Usual occupation Barber

11. Industry or business o

MOTHER FATHER  
12. Name Scott Wyatt  
13. Birthplace Wentworth MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Jane Heston  
15. Birthplace Wentworth MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Galdy Wyatt  
(b) Address Anderson, Mo.

17. (a) Burial (b) Date thereof 7 28 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Neosho Mo

18. (a) Signature of funeral director J. L. Heston  
(b) Address Anderson, Mo.

19. (a) 8-10-44 (b) Virginia Buck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1944 hour 4:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Funeral  
dead 19\_\_\_\_, to 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage Duration 12 hrs  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions g3a  
(Include pregnancy within 3 months of death)

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?

23. Signature S. B. Buck (M. D. or other) \_\_\_\_\_  
Address Anderson, Mo. Date signed 8-10-44  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

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

RECEIVED

District Health Officer No. 6,

District File Number 844-934

Date Filed AUG 16 1944

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

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed RE - Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.