

FILED JAN 19 1946

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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 3221 S. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs
years, months or days

3. (a) PRINT FULL NAME Henry Clay Hyatt Sr.

3. (b) If veteran, name war no 3. (c) Social Security No. 493-14-4071

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased mar 11 - 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry C. Hyatt

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

14. Maiden name Elizabeth Lucas

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

16. (a) Informant H. C. Hyatt Jr.

(b) Address 332 S. Harrison

17. (a) burial (b) Date thereof 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler mo

18. (a) Signature of funeral director S. S. Wilton

(b) Address K.C. mo

19. (a) 12-18-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town K.C. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 3221 S. Benton 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1945 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8-2-1945 to 12-16-1945
that I last saw him alive on 12-16-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Due to Cerebral hemorrhage
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 030

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) (d) Means of injury

23. Signature Wm. D. Dupper (M. D. or other)
Address 3034 Harrison Date signed 12-18-45

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

MOTHER FATHER

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. S. Walton

Licensed Embalmer No.

2744

P. O. Address

K. C. 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.