S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3214

FILED FEB 15 1946

Registration District No. 154 Primary Registration District No. 3038 Registrar's No. 1

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

1494

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 726 Lincoln Street 1
(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 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 726 Lincoln 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIAM WYATT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Emma Alice Wyatt
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb (Month) 2 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
71	10	29	hr. min.

9. Birthplace D. K (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Richard Wyatt
13. Birthplace Linn Co (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Mary Ann Watson
15. Birthplace Linn Co (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Orville Wyatt
(b) Address New Cambria Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 3 (Day) 1946 (Year)
(c) Place: burial or cremation Nester Chapel
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo
19. (a) 1/2/46 (Date received local registrar) (b) Emily Kelley, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1946 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from December 21, 1945, to Jan 1, 1946
that I last saw him alive on Jan 1, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	4 yr
~~Due to~~ Chronic Myocarditis	3
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Haley (M. D. or other) MD
Address Brookfield Mo Date signed 1/2/46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 C. W. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.