

FILED JUL 8 1946

Registration District No. 32

Primary Registration District No. 5111

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Hahn Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 years, months or days

3. (a) PRINT FULL NAME Tina Matilda Wyatt

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Wyatt 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Dec 9 1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Robert N Johnson  
13. Birthplace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Susan Harvey Tenn  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Wyatt  
(b) Address 1459 N, 21st ST, Louis Mo.  
17. (a) Berrial (b) Date thereof 6 16 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Needles Landing Home.

18. (a) Signature of funeral director Baker Funeral Home.

(b) Address Lutesville Mo.

19. (a) June 15 1946 (b) Mellie Canabough  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger  
(c) City or town Rural Liberty "Liberty"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 mi West Hahn P.O.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 13th, year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 to 19.

that I last saw her alive on 11/3/46 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation Duration

Due to Carcinoma of Stomach

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature John J. Myers (M. D. or other) Address St. Louis Mo. Date signed 6/15/46

RECEIVED

District Health Officer No. 4

District File Number 746-228

Date Filed 7-6-46

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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 E Graham*

Licensed Embalmer No.

4010

P. O. Address.....

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.