

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27966**

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **342**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether
In this community **ten years**
years, months or days)

3. (a) PRINT FULL NAME **Rolla Estil Wyatt**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **496-16-7509**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Mary Swope Wyatt** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **June 27, 1907**
(Month) (Day) (Year)

8. AGE: Years **39** Months **1** Days **17** If less than one day
hr. min.

9. Birthplace **Morgan County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Employee M.K.T. Shops**
Railroads

11. Industry or business
MOTHER FATHER { 12. Name **John Albert Wyatt**
13. Birthplace **Henry County, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Nettie Pittman**
15. Birthplace **Pettis County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary S. Wyatt (wife)**
(b) Address **123 State Fair Blvd.**

17. (a) **Burial** (b) Date thereof **8/16/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **High Point Cemetery**

18. (a) Signature of funeral director **Wm. E. Boring**
(b) Address **Sedalia, Missouri**

19. (a) **8/16/46** (b) **Betty Yeager**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **123 State Fair Blvd.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

August 14

20. DATE OF DEATH: Month **August** day **14**
year **1946** hour **7:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 1946** to **August 14, 1946**
that I last saw him alive on **Aug 14**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Ac. intestinal obstruction** Duration **3 days**
Due to **Carcinoma rectum**

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 **Wm. E. Boring** (b) **8/16/46**
Address **Sedalia, Mo.** Date signed **8/16/46**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-24-46

AUG 30 1946

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

Francis Ewing

Licensed Embalmer No. 3877

P. O. Address Bedford, Mass.

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.