

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4440  
Registrar's No. 4

FILED MAR 14 1947

Registration District No. \_\_\_\_\_  
Primary Registration District No. 4-675373

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

1. PLACE OF DEATH:

(a) County DeKalb.

(b) City or town Amity Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Farm home R.R. Amity Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community All life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb

(c) City or town Amity Mo. R.R.  
(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 Herman K. Wyatt

3. (b) If veteran, name war No

3. (c) Social Security No. 131-20-1648

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1947 hour 4:30 minute P. M.

4. Sex Male

5. Color or race Cau.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kathryn

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 26 1886  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
60 9 21 hr. \_\_\_\_\_ min.

Immediate cause of death Suicide by Gun shot wound directly into the heart.

9. Birthplace DeKalb Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Charles M. Wyatt

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

14. Maiden name Martha L. Minor

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Kathryn Wyatt

(b) Address Amity Mo. R.R.

17. (a) Burial (b) Date thereof 2.23.1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Feb 20 1947

(c) Where did injury occur? at his home Amity Mo. R.R.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director R. J. Gagger

(b) Address King City Mo.

19. (a) 2-30-47 (b) R. J. Gagger  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury Shot Game

23. Signature W. S. Gall (M. D. or other)

Address Osborn Mo. Date signed 2/24/47

SEP 22 1946

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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

*R. G. Taggart*

Licensed Embalmer No. 2563.....

P. O. Address. King City 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.