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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40991

Registration District No. FILED DEC 22 1947 Primary Registration District No. 1000 Registrar's No. 1475

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sunnyslope Hospital -3225 So.11th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community 48 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2004 N.22nd Street (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hollie Elvin Wyatt

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-1022

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma O. Wyatt

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

7. Birth date of deceased January (Month) 29 (Day) 1885 (Year)

8. AGE: Years 62 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Provisions Manager

11. Industry or business Armour & Co. (St.Joseph,Mo.Plant)

FATHER
12. Name Douglas Nathaniel Wyatt
13. Birthplace Wayne County (City, town, or county) Iowa. (State or foreign country)

MOTHER
14. Maiden name Eliza Elizabeth Owen
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Franklin Wyatt

(b) Address 2004 N.22nd St., St. Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date there Dec.16,1947 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St.,St.Joseph,Mo.

19. (a) 12-17-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from December 10, 1947 to December 13, 1947 that I last saw him alive on December 13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis, pneumococcic	4 days.
Due to Pneumococcemia	1 day.
Due to	
Other conditions Osteo-arthritis (Include pregnancy within 3 months of death)	35 years.

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 H. H. Earle (M. D.)

Address 706 Francis St. Joseph, Mo. Date signed 12-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 1 1948

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 Elbert R. Harrington

Licensed Embalmer No. 3288 Missouri

P. O. Address St. Joseph, 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.