S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 372

FILED JAN 29 1948

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 827 Alice St 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 827 Alice St 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm Henry Wyatt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar. 27, 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff, Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Pullman Porter
11. Industry or business
FATHER
12. Name Ruben Wyatt 0
13. Birthplace Frederiktown, Mo
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Martin
15. Birthplace Texas 1
(City, town, or county) (State or foreign country)
16. (a) Informant Chas Wyatt
(b) Address Poplar Bluff, Mo
17. (a) Burial (b) Date thereof 1-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City - Poplar Bluff, Mo.
18. (a) Signature of funeral director Frank - Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 1-21-48 R H Monetie 35
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1948 hour 8:30 minute P.M.
21. I hereby certify that I attended the deceased from Wed
~~Jan 3~~ 1948, to Jan 3 1948
that I last saw b..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Esophagus ~~[illegible]~~
Due to Cerebral embolism. 2 years
Due to
Other conditions
(Include pregnancy within 3 months of death)
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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred R Long M.D. (M. D. or other)
Address Poplar Bluff, Mo Date signed Jan 8 48

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

MAR 9 1948

RECEIVED
District Health Office No. 2,
District File Number 148-147
Date Filed 1-26-48

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 John M Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Gordon Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.