S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1274

State File No.

FILED FEB 7 1948 49

Registration District No. 1

Primary Registration District No. 1002

Registrar's No. 378

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4516 Penn. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4516 Penn. Street 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Ellen Jean Pyatt
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Pyatt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 21 (Day) 1864 (Year)

8. AGE: Years 83 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Vermont
(City, town, or county) (State or foreign country)
10. Usual occupation Retired, Music Instructor
11. Industry or business
FATHER
12. Name David Pyatt
13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ward
15. Birthplace New York
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Fred J. Bohumil
(b) Address 4516 Penn. Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri
19. (a) 1-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 48 hour 5 pm minute M.
21. I hereby certify that I attended the deceased from June 1946 19 to Jan 25 1948
that I last saw her alive on Jan 25 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	10 yrs
Due to Arteriosclerosis	10 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy no	

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 M B Casebolt MD (M. D. or other)
Address 4000 Baltimore KC MO Date signed 1/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., 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.