S. No. 2
—1/47—
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 20 1948 149

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1398

Registrar's No. 97

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: 2324 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 24 Years

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.: 2324 Olive Avenue 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Olia Linnie Wyatt
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ish Wyatt
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: September 8, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	3	25	____ hr. ____ min.

9. Birthplace: Searcy, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
FATHER
12. Name: Frank Booth
13. Birthplace: Brownville, Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Martha Goodwin
15. Birthplace: White County, Arkasnas (City, town, or county) (State or foreign country)
16. (a) Informant: Ish Wyatt
(b) Address: 2324 Olive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Hathaway Bros
(b) Address: 1229 Lydia Ave.
19. (a) 1-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1948 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from February 3, 1945, to January 3, 1948, that I last saw her alive on January 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardio vascular Disease	5 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 9 3 d	
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: Donald L. Ferguson (M. D. or other)
Address: 1214 Vine St. K.C., Mo. Date signed: 1/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ferguson
12 [illegible]

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 F. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.