No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14817 3651

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: MISSOURI PACIFIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Greene 999

(c) City or town Roodhouse 11
(If outside city or town limits, write "RURAL")

(d) Street No. RR 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME James Franklin Wyatt

3. (b) If veteran, name war No

3. (c) Social Security No. 709-10-9358

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ethel Dinsmore Wyatt

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 14 (Day) 1884 (Year)

8. AGE: Years 64 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Alton R.R.

FATHER
12. Name Wesley Wyatt
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Allen
15. Birthplace Greene Co. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Ethel Wyatt
(b) Address Roodhouse, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Roodhouse, Ill.

18. (a) Signature of funeral director Albert H. Honne
(b) Address 4700 Washington Blvd.

19. (a) APR 16 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 1x, 1948, to April 15, 1948; that I last saw him alive on April 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Bron — Duration 2 days

Due to: HYPERTENSION

Due to

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to 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 Marvin T. Purnell (M. D. or other)
Address 1755 S. Grand Date signed 4-15-48

(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 Elmer R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.