

No. 2
-5-43
5-17-39
I X36671

State File No. _____

FILED OCT 1 1948

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
208 West Dryden. 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 85 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(If outside city or town limits, write "RURAL")
(d) Street No. 208 West Dryden
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Betty Page Hyatt

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Fem! 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ephraim Hyatt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 6 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 22
If less than one day _____ hr. _____ min.

9. Birthplace Sheridan Co. Mo. ()
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife - Retired.

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emily Bentley Page
15. Birthplace Unknown Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Page Hyatt
(b) Address Lexington Mo

17. (a) Burial (b) Date thereof Aug 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenon Cem.

18. (a) Signature of funeral director Blair Shaw

(b) Address Odessa Mo.

19. (a) Sept. 13 1948 (b) Jello Drummond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1948 hour 9:00 minute _____ M.
21. I hereby certify that I attended the deceased from Aug 6 1948 to Aug 6 1948
that I last saw her alive on Aug 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Due to Hypertension & senility
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations g 30
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? _____ (c) Means of injury _____
23. Signature R. Stohally (M. D. or other) _____
Address Odessa Mo Date signed 8/21/48

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

4
4
6

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-30-42.....

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 Horace Blinn.....

Licensed Embalmer No. 2758.....

P. O. Address Bellevue 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.