

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39449**  
Registrar's No. **1397**

FILED JAN 3 1949

Registration District No. \_\_\_\_\_

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**2902 Lafayette**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **81 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //

(c) City or town **St. Joseph** /  
(If outside city or town limits, write "RURAL")

(d) Street No. **2902 Lafayette** 7.  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME **Lillie Edith Wyatt**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December**, day **26**  
year **1948** hour **8** minute **45** P.M.

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **William Henry Wyatt**

6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **April 7 1865**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb. 25, 1947 to Dec. 26, 1948**

that I last saw her alive on **Dec. 26, 1948**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>8</b>	<b>19</b>	hr. min.

Immediate cause of death  
**Mitral Stenosis**  
**Auricular Fibrillation**

Duration **Several years**

9. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation **At home**

11. Industry or business **A t home**

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER {

12. Name **Martin Keller**

13. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Thompson**

15. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations **A 2 B**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Wm. H. Wyatt**

(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **12/29/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Heaton Bowman**

(b) Address **St. Joseph, Mo.**

19. (a) **12-30-48** (b) **G. L. Jenkins**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Months of injury \_\_\_\_\_

23. Signature **T. N. Sappstein** (M. D. **20**)

Address **508 Cory Blvd** Date signed **12-27-48**

COPY BLDG.

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**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 William Spaulding

Licensed Embalmer No. 4535

P. O. Address. 319 S. 10th St. D. J. Spaulding

**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.**