

Registration District No. FILED MAR 18 5 1940

Primary Registration District No. 1001

Registrar's No. 120

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:
Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 21 years
years, months or days)

3. (a) PRINT FULL NAME Chesley Martin Wyatt

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martha Louise WYATT 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased February 17 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 11 15 hr. min.

9. Birthplace Elizabethtown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name John Wyatt

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

14. Maiden name Virginia Finley

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

16. (a) Informant Chesley Wyatt James

(b) Address 2614 Renick, St. Joseph, Missouri

17. (a) burial (b) Date thereof Feb. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 2/4/40 (b) A. J. Keith
(Date received local registrar) (Registrar's signature)

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. 2614 Renick Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1940 hour 1 minute 25 a. M.

21. I hereby certify that I attended the deceased from Jan 31
1940 to Feb 2, 1940
that I last saw him alive on Febr. 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
bronchial

Due to secondary to influenza
Due to

Other conditions Extreme age
(Include pregnancy within 3 months of death)

Major findings: Of operations |||
Of autopsy

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? _____

23. Signature Ray Trumble (M. D. or other) D.O.
Address Corby Bldg., St. Joseph Date signed 2/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11
5
7

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

W. H. Kelly

..... Licensed Embalmer No. Mo. 3946

..... P. O. Address St. Joseph, Missouri

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, above space should be left blank.