

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38407

Registration District No. 148

Primary Registration District No. 4082

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Belton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 2

3. (a) PRINT FULL NAME Ulysses V. Wyatt

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced None  
6. (b) Name of husband or wife Artimicia Wyatt 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased Sept. 7, 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wolfe City Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Business manager

11. Industry or business Vapo-Path Bath

MOTHER FATHER  
12. Name A. A. Wyatt  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary McCallister  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul V. Wyatt

(b) Address Belton, Mo.

17. (a) Burial (b) Date thereof 11 26 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Garden City, Mo.

18. (a) Signature of funeral director E. K. Seeger Sons

(b) Address Belton, Mo.

19. (a) 11-26-40 (b) J. M. Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2600 East 28th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Nov  
year 1940 hour ? minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental - shot - gun wound  
entered right side of head  
about 3 inches below  
right ear. Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 154

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) accident

(b) Date of occurrence 11-23-40

(c) Where did injury occur? Belton Cass Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
near home (Specify type of place)  
While at work? no (e) Means of injury gun shot

23. Signature Carroll Cunningham (Physician or other) Def. Coroner  
Address Harrisonville Mo Date signed 11/23/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Richard E. George  
Licensed Embalmer No. 3958  
P. O. Address Beltan, 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, above space should be left blank.**