

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **DEC 17 1941 4 11**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **2522 Empire**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2.5 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **2522 Empire**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Marion Carl Wyatt

3. (b) If veteran, name war _____

3. (c) Social Security No. **500-29-3534**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6** year **1941** hour **7:35** minute **P.** M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him **Did not see him alive** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan 22 1904**
(Month) (Day) (Year)

Immediate cause of death **Hemorrhage from branch of left meningeal artery**
Due to _____
Due to **Blow on left temple**

8. AGE: Years Months Days If less than one day
37 9 15 hr. _____ min.

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

9. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

Major findings: Of operations _____
Of autopsy **Hemorrhage of branch of left meningeal artery**

11. Industry or business _____

12. Name **Marion Wyatt**

13. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ulla Lewis**

15. Birthplace **Joplin Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Ulla Wyatt**

(b) Address **Joplin, Mo**

17. (a) **Burial** (b) Date thereof **Nov 10 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Daboye Memorial**

18. (a) Signature of funeral director **Walt C. ...**

(b) Address **Walt C. ...**

19. (a) **11-8-41** (b) **E. S. ...**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Oct 25 1941**
(c) Where did injury occur? **Joplin Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway
While at work? **No** (e) Means of injury **Blow**
(Specify type of place)

23. Signature **P. H. Webster** (M. D. or other)
Address **Carthage Mo** Date signed **Nov 7**

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

MOTHER FATHER

41-12-1026

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.....

A. K. Mills

Registered Apprentice No.....

347

working under my personal supervision.

Signed.....

A. K. Mills

Licensed Embalmer No.....

347

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.