

No. 2
4-12-40
5-17-39
I X23152

FILED MAR 5 1942
Registration District No. 19423

Primary Registration District No. 5317

Registrar's No. 2

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

1. PLACE OF DEATH:
 (a) County Crawford
 (b) City or town Rural Osage Twp.
 (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 Life years, months or days

3. (a) PRINT FULL NAME Alice May Pyatt
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lushan Pyatt 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased August 17th 1905
 (Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife
 11. Industry or business At Home

MOTHER FATHER
 12. Name Chris. M. Tallent
 13. Birthplace Merseyville Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Clara Stringer
 15. Birthplace Stigo Mo. 11
 (City, town, or county) (State or foreign country)

16. (a) Informant Lushan Pyatt
 (b) Address Cherryville, Mo.

17. (a) Burial (b) Date thereof Jan 21st 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cem. Cherryville Mo.
 18. (a) Signature of funeral director W. H. Holloway
 (b) Address Cherryville, Mo.

19. (a) Feb 21-1942 (b) E. E. Rust
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Crawford
 (c) City or town Rural-OSAGE TOWNSHIP
 (If outside city or town limits, write "RURAL")
 (d) Street No. Osage Twp. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 5-15 year 1942 hour 11 minute 50A. M.

21. I hereby certify that I attended the deceased from January 4 1942 to Jan 4 1942 that I last saw her alive on January 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular peritonitis

Due to tubercular tuberculosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 14
 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? _____

(e) While at work _____ (Specify type of place) _____ (f) Means of injury _____

23. Signature William H. Kaley D.O. (M.D. or other) _____
 Address Steehille Mo Date signed 1/17/42

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.....

John Wallaw

Licensed Embalmer No. *3643*

P. O. Address..... *Cuba, 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.