S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

18885

State File No. 18885

Registration District No. 27

Primary Registration District No. 3053

Registrar's No. 66

**1. PLACE OF DEATH:**

(a) County: Phelps

(b) City or town: Rolla (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nelle McFarland Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 hrs. (Specify whether years, months or days) In this community 3 1/2 hrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Dent

(c) City or town: Howes Mill (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: Vernon Clifton Pyatt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: W.

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: April (Month) 23 (Day) 1931 (Year)

8. AGE: Years 13 Months — Days 18 If less than one day hr. min.

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

10. Usual occupation: School child

11. Industry or business

MOTHER FATHER

12. Name: Roy Pyatt

13. Birthplace: Dent Co (City, town, or county) Mo (State or foreign country)

14. Maiden name: Zola Cottrell

15. Birthplace: Dent Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Roy Pyatt

(b) Address: Howes Mill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Boss Mo

18. (a) Signature of funeral director: [illegible]

(b) Address: [illegible]

19. (a) 5/11/1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 11, year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-11-44, 19__, to 5-11-44, 19__; that I last saw him alive on May 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of Bowels — Duration

Due to: Acute appendicitis. 16 inches of distal end of ileum - gangrenous

Due to:

Other conditions (Include pregnancy within 3 months of death)

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Clifton McFarland (M. D. or other)

Address: Rolla, Mo. Date signed 5/11/44

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 2370

P. O. Address. Salem Me.

**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.**