

S. No. 2
M-2-43
7-5-17-39
A-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12600**

FILED MAY 3 1945
Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **1892**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3609 Forest
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 60 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3609 Forest
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah Wyatt
 3. (b) If veteran, NO name war _____
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 25
 year 45 hour 2:30 minute A M.

4. Sex Fe 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James Wyatt
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 1st 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940 to April 24, 1945
 that I last saw her alive on Apr 24, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage
 Duration _____

8. AGE: 84 Years 6 Months 24 Days
 If less than one day _____ hr. _____ min.

Due to arteriosclerosis 5 yrs
 Due to _____

9. Birthplace Johnson Co Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Home

11. Industry or business _____

Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER { 12. Name Hiram Cummings

13. Birthplace N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah No Record

15. Birthplace Johnson County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Wyatt

(b) Address 3609 Forest

17. (a) Removal (b) Date thereof Apr. 27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanley Kansas

18. (a) Signature of funeral director Samuel Funeral Home
 (b) Address 7406 Wornall Rd

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

19. (a) 4-28-45 (b) Geraldine Holmes
(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) _____
 (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?
 While at work? _____ (Specify type of place)
 Means of injury _____

23. Signature Ott J. Reinwald, D. O. P.
 Address 1115 Grand ave Date signed Apr 26-45

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

KC Mo.

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..... *Harley Roe*
Licensed Embalmer No..... *2810*
P. O. Address..... *K. C. m.*

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.