

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25357

FILED JUL 30 1945
Registration District No. 373

Primary Registration District No. 6277

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Hartville Rural Boone
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At his home
7 miles west of Hartville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 75 yrs.
years, months or days

3. (a) PRINT FULL NAME WILLIAM JOHN PYATT

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex M. Color or race W.

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Pyatt

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 7 (Month) 24 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>16</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Pyatt

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

14. Maiden name Jane Allen

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. J. Pyatt

(b) Address Hartville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 12 45
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartville Mo.

19. (a) 6-29-45 (Date received local registrar)

(b) W. J. Pyatt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright 114

(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles west of Hartville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10
year 1945 hour 4:00 minute 30A. M.

21. I hereby certify that I attended the deceased from March 30
1945 to June 10, 1945
that I last saw him alive on June 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart Failure

Due to Aortic regurgitation

Due to Angina pectoris

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

Major findings: plw
Of operations _____

Of autopsy _____

Duration

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 W. J. Pyatt (M, D, or other)

Address Hartville Mo. Date signed 6-11-45

RECEIVED

District Health Officer No. 6;

District File Number 145-824

Date Filed JUL 27 1945

JAN 19 1952

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 Gene E Holdren

Licensed Embalmer No. 3865

P.O. Address Hartsville, 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.