

**FILED** FEB 27 1946

State File No. ....

Registration District No. 1497

Primary Registration District No. 1002

Registrar's No. 345

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-5-46-1-14-46  
(Specify whether years, months or days)  
In this community Do not know

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo Kansas, (b) County Wyandotte  
(c) City or town Kansas City Kansas  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1428 South 27th St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Joyce Wyatt

3. (b) If veteran, name war no  
3. (c) Social Security No Do not know

4. Sex Female 5. Color or race White  
6. (a) Single, Married, divorced Widow  
6. (b) Name of husband or wife John N. Wyatt, 6. (c) Age of husband or wife if unborn alive 22 years  
7. Birth date of deceased OCT 16 1926  
(Month) (Day) (Year)

8. AGE: Years 20 Months 2 Days 28  
If less than one day hr. 1 min. 1

9. Birthplace Fortwayne Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife  
Industry or business None

11. Place Funer Home  
12. Birthplace Birmingham Ala  
(City, town, or county) (State or foreign country)

14. Maiden name Winford McTearney  
15. Birthplace Do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner office  
(b) Address Kansas City Mo  
17. (a) Removal (b) Date thereof 1/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo  
18. (a) Signature of funeral director Passant's Bros  
(b) Address Kansas City Mo

19. (a) 1-16-46 (b) Gertrude Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1946 hour 9 minute 25 A M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw h. alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Poisoning  
Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 103

Major findings: Of operations .....

Of autopsy no  
Histology & specimens

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 1-5-46  
(c) Where did injury occur? 103rd Jackson mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work? no (Specify type of place) (e) Means of injury poison

Signature Jamie Cullen (M. D. or other)  
Address 1428 South 27th St Date signed 1-17-46

MOTHER, FATHER, SISTER, BROTHER  
Concord  
1-21-46

**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 *Frances Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Death

State of Mo.  
County of Jackson ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 345

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of June, 1946, before me appears Mr. John N. Wyatt, who, upon his oath, states that the original record of ~~birth~~ death for Joyce Wyatt died Jan. 14, 1946, in the State of Missouri, and which was filed at K.C. on 6-21, 1946, should be corrected as follows:

- Item No. 6(a) should read married  
Instead of \_\_\_\_\_ divorced
- Item No. 6(b) should read John N. Wyatt  
Instead of \_\_\_\_\_ unknown
- Item No. 6(c) should read 22  
Instead of \_\_\_\_\_ -
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_ 6
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John H. Wyatt Husband  
Relationship.  
Linn, Kansas  
Present Address.

Subscribed and sworn to before me this 17th day of June, 1946

My Commission expires Oct 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1905