

No. 2
4-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42974
Registrar's No. 42974

FILED FEB 5 1946

Registration District No. _____ Primary Registration District No. 5573

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 mi S South East
(If not in hospital or institution, write street number or location) over bar, two
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 70 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Blue Springs (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi South E
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1946 hour 4 minute 36 P.M.
21. I hereby certify that I attended the deceased from _____ 19 Jan 23 1946
that I last saw him alive on Jan 22 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased: Jan 12 1875
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: - Of operations 830
Of autopsy _____

8. AGE: Years 70 Months 0 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name James Wyatt

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

14. Maiden name Mary Kidwell

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

16. (a) Informant Mary A Wyatt

(b) Address Grain Valley Mo

17. (a) Burial (b) Date thereof 1-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G Bubb

(b) Address Blue Springs Mo

19. (a) Jan 29 46 (b) Mrs John Lawson
(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) (e) Means of injury _____

23. Signature F W Wertz (M. D. or other) MD
Address Blue Springs Mo Date signed 1/31/46

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

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

1365

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 RB Webb

Licensed Embalmer No. 2553

P. O. Address Blue Springs

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.