. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1946

4706

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 204

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 No. 4th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution * (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 Prospect Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Christopher Joseph Wyatt Jr.
3. (b) If veteran, name war None
3. (c) Social Security No. 499-16-5766
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Malissa Irene
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased August (Month) 5 (Day) 1922 (Year)

8. AGE: Years 23 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Warehouse Employee
11. Industry or business Industrial Paper Stock Co
FATHER
12. Name Christopher J. Wyatt Sr.
13. Birthplace Braley (City, town, or county) Missouri. (State or foreign country)
MOTHER
14. Maiden name Florence Tatham
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Malissa I. Wyatt
(b) Address 1214 Prospect Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Feb. 19, 1946 (Date received local registrar) (b) H J Nestlebush (Registrar's signature) EA.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day ~~13~~ 12 year 1946 hour about ~~10~~ 12:00 P.M.

21. I hereby certify that I attended the deceased from Feb 14th Viewed 1946, 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 Injuries received when he fell over an Embankment

Due to

Due to Acute Alcoholism

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) Accident
(b) Date of occurrence Feb 12th 1946
(c) Where did injury occur? St, Joseph, Mo, (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature B. W. Tadlock (M. D. or other) Coroner
Address King Hill Bldg Date signed 2/14/46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo. 15

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 Emer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.