

S. No. 2  
M-2-43  
5-17-39  
X39697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10292**  
Registrar's No. **42**

**FILED APR 11 1946**  
Registration District No. **270**

Primary Registration District No. **3050**

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

1. PLACE OF DEATH:  
(a) County **Demasot**  
(b) City or town **Canthersville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 years**  
In this community **28 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Will Johnson Wyatt**  
3. (b) If veteran, name war **✓**  
3. (c) Social Security No. **✓**

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bertha Wyatt**  
6. (c) Age of husband or wife if alive **45 years**  
7. Birth date of deceased **Aug 22 1894**  
(Month) (Day) (Year)

8. AGE: Years **41** Months **6** Days **25**  
If less than one day hr. min.

9. Birthplace **Opas County, Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Retired Farmer**

MOTHER FATHER { 12. Name **M. Wyatt**  
13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester Wyatt**  
(b) Address **Canthersville, Mo.**

17. (a) **Burial** (b) Date thereof **3-22-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Miami**

18. (a) Signature of funeral director **Lester Wyatt**  
(b) Address **Canthersville, Mo.**

19. (a) **7-6-46** (b) **Breake B. Weeks**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Demasot**  
(c) City or town **Canthersville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1**  
(If rural, give location)  
(e) Citizen of foreign country? **No**  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Mar** day **21**  
year **1946** hour **3** minute **30 p.** M.  
21. I hereby certify that I attended the deceased from **19** to **19**  
that I last saw him **alive** **after death**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy - embolism**  
Due to **Reg. made from history**  
Due to **arterial hypertension**

Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations **none - 83w**  
Of autopsy **not done**  
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?

While at work? (Specify type of place) (c) Means of injury **0**  
23. Signature **A. A. Callier** (M. D. or other) **MD**  
Address **Canthersville, Mo.** Date signed **3/21/46**

3-46-71

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**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..... *Noel C. Dean* .....

Licensed Embalmer No. *3941* .....

P. O. Address *Canthensville, 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.**