

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30532**
Registrar's No. **3958**

FILED OCT 7 1946

Registration District No. 149 Primary Registration District No. 1002

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

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
In this community 41 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 810 WEST 57TH STREET TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DR. CHARLES HENRY WYATT
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Months SEPTEMBER day 15TH
year 1946 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 15 1946 to Sept 15 1946,
that I last saw him alive on Sept 15 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. HELEN M. WYATT
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased FEBRUARY 7 1904
(Month) (Day) (Year)

Immediate cause of death: acute hemorrhagic pancreatitis
Duration 1 da
Due to acute gastro-enteritis 3 da
Due to _____

8. AGE: Years 42 Months 7 Days 8
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) 128
Major findings: Of operations _____
Of autopsy acute pancreatitis
Underline the cause to which death should be charged statistically.

9. Birthplace LIBERTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PHYSICIAN - M.D.

11. Industry or business OFFICES - 3850 PROSPECTIVE

12. Name HARLEY WYATT

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

14. Maiden name MARY E. HUGHES

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

16. (a) Informant Mrs. Helen M. Wyatt

(b) Address 810 West 57th St. Kerr

17. (a) Burial (b) Date thereof 9-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLDG.

19. (a) 9-17-46 (b) Seraldine Holmes
(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 Russell Davis (M. D. or other) 9/16/46
Address 820 prof Bldg Date signed _____

Prof. Body

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 *O. Oscar Wortley*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.