

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

30566

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** OCT 14 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 310

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 814 S. Pleasant 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Independence <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 814 S. Pleasant <sup>4</sup>  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) <sup>0</sup>  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WADE HAMPTON WYATT

(b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9<sup>th</sup>  
year 1946 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 1946 to September 9th, 1946  
that I last saw him alive on September 9th, 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

(b) Name of husband or wife Nora Wyatt

(c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Oct. 22 1877  
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia Duration 12 Hrs.

Due to Cirrhosis Of Liver. ?  
(Non-Alcoholic)

Due to Myocardial and Renal insufficiency. 5 Mo.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
68 10 18 hr. min.

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

10. Usual occupation Retired Paper Hanger

11. Industry or business \_\_\_\_\_

12. Name Wade Wyatt

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

14. Maiden name Malina Washburn

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

16. (a) Informant W. C. Battle

(b) Address Shelby Rd. + Highway, no.

17. (a) Burial (b) Date thereof Sept. 11, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grave

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 9-23-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations None

Of autopsy None

127B

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) (e) Means of injury 2

23. Signature W. T. Hubbard (M. D. or other) DO.  
Address Independence, Missouri Date signed 9/9/46

354 (Licensed Embalmer's Statement on Reverse Side)

---

---

**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

*Floyd C. Carson*

Licensed Embalmer No.

*4199*

P. O. Address

*Independence, 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.**