

FILED MAR 25 1947

Registration District No. **316**

Primary Registration District No. **4461**

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Bismarck, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Bismarck**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth Wyatt**

3. (b) If veteran, name war **no**

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12**  
year **1947** hour **3** minute **0** P. M.

4. Sex **fem** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **John Wyatt**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 31 1864**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-1** 19**46**, to **3-12** 19**47**  
that I last saw **her** alive on **3-10** 19**47**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82	2	11	hr. min.
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Immediate cause of death **Semily**

Due to **arterio Sclerosis**

Due to \_\_\_\_\_

9. Birthplace **Pilot Knob Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

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

Major findings: Of operations **97**

Of autopsy \_\_\_\_\_

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

12. Name **David Weiss**

13. Birthplace **Germany**

14. Maiden name **Margarett Harnishraeger**

15. Birthplace **Germany**

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? \_\_\_\_\_

16. (a) Informant **Mrs. Catherine McBride**

(b) Address **31 Tiffin, Furgeson Mo.**

17. (a) **burial** (b) Date thereof **3-14-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bismarck Mo.**

18. (a) Signature of funeral director **White & Hill**

(b) Address **White & Hill Bismarck Mo.**

19. (a) **3-20-47** (b) **Ether Redloff**  
(Date received local registrar) (Registrar's signature)

23. Signature **D. W. Herffman** (M. D. or other) **0**

Address **Bismarck, Mo.** Date signed **3-19-47**

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

239

RECEIVED

District Health Officer No. 4  
District Health Officer Number 347-412  
3-24-47

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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 Arnel J. White  
Licensed Embalmer No. 2012  
P. O. Address Smilow Ave

**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.**