

S. No. 2  
M-5-43  
5-17-39  
X38671

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

FILED SEP 16 1947

Registration District No. 270

Primary Registration District No. 5774

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Polly A. Wyatt

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive Nov. 29, 1865 years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation housewife

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

12. Name Isaac Coker

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

14. Maiden name Marian Power

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

16. (a) Informant Cliff Wyatt

(b) Address Princeton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Ottebein

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 9-5-47 (Date received local registrar)

(b) M. J. Reath (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer

(c) City or town Rural  
(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 no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2  
year 1947 hour 10 minute 40a M.

21. I hereby certify that I attended the deceased from Jan 1 1920  
to Sept. 2 1947, 19\_\_\_\_, to Sept. 2 1947, 19\_\_\_\_,  
that I last saw her alive on Sept. 1, 19\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic Coma

Due to Cardio-vasculat-renal disease  
with special reference to degree of  
Due to Kidney involvement.

Other conditions Cerebral Softening  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

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)

(e) Means of injury \_\_\_\_\_

23. Signature A. J. Britton (M. D. or other) MO

Address Britton, Mo Date signed 9/4/47

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Noel West

Licensed Embalmer No. 2634

P. O. Address Camden 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.**