

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1473
156

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2828 South West Blvd.		d. STREET ADDRESS 709 West 43rd St. Terrace			
3. NAME OF DECEASED (Type or Print) a. (First) Travis b. (Middle) M. c. (Last) WYATT			4. DATE OF DEATH (Month) (Day) (Year) 1-11-49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-27-80	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Supt.		10b. KIND OF BUSINESS OR INDUSTRY Reich Produce Co.		11. BIRTHPLACE (State or foreign country) Johnson County, Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Wyatt		13b. MOTHER'S MAIDEN NAME Sarah Cummings	
14. NAME OF HUSBAND OR WIFE Mrs. Minnie Wyatt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish-American		16. SOCIAL SECURITY NO. 486-10-3037	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Wyatt, 709 W. 43d Terr.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE A.E. Upsher		23b. ADDRESS 2800 Main		23c. DATE SIGNED 1/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-11-49		24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery, Stanley, Kansas	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. 1-12-49		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.			

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

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 _____

Dean Cole

Student Embalmer No. *408*

working under my personal supervision.

Signed *Dean Cole*.....
Student Embalmer

Signed *[Signature]*.....
Licensed Embalmer No. *2929*

P. O. Address *CC*

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.