

FILED MAR 21 1947

Registration District No. 326

Primary Registration District No. L

Registrar's No. ....

1. PLACE OF DEATH:

(a) County SHANNON  
 (b) City or town RURAL - TOWNSHIP # 31  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 2 YEARS  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SHANNON / 01  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. TOWNSHIP # 31  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME

ARTHUR D. PYATT

3. (b) If veteran, name war: NO

3. (c) Social Security No. 530-10-8644

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAGGIE THOMPSON PYATT 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: APRIL 1 1883  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

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

12. Name JOHN M. PYATT 7

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

14. Maiden name UNKNOWN

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

16. (a) Informant Maggie Pyatt

(b) Address Township 31, Shannon Co. Mo.

17. (a) Burial (b) Date thereof MAR. 11 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PYATT CEMETERY

18. (a) Signature of funeral director John - Thacher

(b) Address SALEM, MO.

19. (a) 3-15-47 (b) Hubert Rosen  
 (Date received local registrar) (Registrar's signature) 109

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8  
 year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
I did not see this patient - They called me over the phone and said he was dead.  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
 Of autopsy ZOO 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 H. T. Eady M.D. (M. D. or other) \_\_\_\_\_  
 Address Enterprise Mo. Date signed 3-14-47

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

306

LAPR 23 1958

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.....

*Edward F. Boyles*....., Registered Apprentice No. *435*  
working under my personal supervision.

Signed..... *Max L. Wanfil*.....

Licensed Embalmer No. *4170*.....

P. O. Address..... *Salem, Miss*.....

**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.**