

RECEIVED MAR 7 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. 7429

Registration District No. 576

Primary Registration District No. 5762

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston (Route #3.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 1/2 miles east of Charleston.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days) 400

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
Charleston R#3
(c) City or town Charleston R#3
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 miles east of Charleston
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Viney Wallace.

8. (b) If veteran, name war no. 8. (c) Social Security No. none.

4. Sex Female 5. Color or race Colored 8. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harrison Wallace 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 10 1889.
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Yazoo County Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.
Housekeeping.

11. Industry or business
12. Name Mitchell Moore
13. Birthplace DK Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Moore
15. Birthplace DK Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Harrison Wallace
(b) Address Charleston R#3 Box 13

17. (a) Burial (b) Date thereof 2/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director W. A. Singal
(b) Address Charleston, Mo.
19. (a) 2-16-40 (b) F. D. Demmon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1940 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-28-40 1940, to 2-28-40 1940;
that I last saw her alive on 2-28-40 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

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) (c) Means of injury
23. Signature W. A. Singal (M. D. or other) 1
Address 311 S. Elm St Charleston, Mo Date signed 2-17-40

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

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RECEIVED

District Health Officer No. 2,

District File Number 340-67

Date Filed 3/5/40

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.