

Registration District No. 566

Primary Registration District No. 5765

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Rural- Ohio Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mississippi River, E. of Wyatt, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community About 1 week in River
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Unidentified Body 525
3. (b) If veteran, name war X X X
3. (c) Social Security No. X X X

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife X X X X X 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 X X hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Lair-Nunnelee Mortuary
(b) Address Charleston, Mo.

17. (a) Burial (b) Date thereof 8-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service

(b) Address Charleston, Mo. 745

19. (a) 8-20-40 (b) J. J. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County Unknown
(c) City or town Unknown
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A floater found in River years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Unknown day Unknown
year Unknown hour Unknown minute Unknown

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Strangled
This body was floating in River, seem to have been dead 3-4 days

Due to I presume he drowned

Due to there was nothing on body to identify it

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) about know

(b) Date of occurrence about know

(c) Where did injury occur? about know
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
The body was found floating in River
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Frank J. Brown (M. D. or D. O.)

Address Charleston Mo Date signed _____

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

FILED SEP 24 1940

RECEIVED

District Health Officer No. 2

District File Number 940-13

Date Filed 9/3/40

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.