

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 147

1. PLACE OF DEATH: Mississippi
 (a) County Wyatt
 (b) City or town Wyatt
 (c) Name of hospital or institution: Highway 60
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 years
 In this community 18 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miss.
Wyatt, Missouri.
 City or town.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Highway 60
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Vester Marvin Vinson
 (b) If veteran, name war X X X
 (c) Social Security No. 488-18-2369

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 15th.
 year 1940 hour 8 minute 15 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced. Divorced
 6. (b) Name of husband or wife Maggie Vinson
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Oct. 20 1885
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 12
 1940, to Nov 15, 1940
 that I last saw him alive on Nov. 12, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 0 25 hr. min.

Immediate cause of death Acute pyelonephritis
 Due to with nephritis
hypertension
 Due to 120

9. Birthplace Hickman County Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation Night watchman

11. Industry or business
 12. Name Unknown
 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)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

16. (a) Informant Virgil Vinson
 (b) Address Wyatt, Missouri

17. (a) Burial (b) Date thereof 11-17-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Charleston, Mo.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Lair-Nunnelee Service
 (b) Address Charleston, Missouri
 19. (a) 11-19-40 (b) J. D. ...
 (Date received local registrar) (Registrar's signature)

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?

23. Signature William S. Davis (M. D. or other) M.D.
 Address Charleston Mo. Date signed 11-19-40

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

7

5

DEC 11 1940

RECEIVED

District Health Officer No. 2

District File Number 1240-1751

Date Filed 12/4/40

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

John P. Kimmelle Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, N.C.

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.