

2
4-41
7-39
X25390

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston (Rural)

(c) Name of hospital or institution: Route #2

(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 10 years

(Specify whether _____)

In this community _____

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Mississippi

(c) City or town Charleston (Rural)

(If outside city or town limits, write "RURAL")

(d) Street No. Route #2

(If rural, give location _____)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Goldia Means

(b) If veteran, name war _____

(c) Social Security No. _____

20. DATE OF DEATH: Month June day 29

year 1941 hour 3 minute _____ P.M.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife W. M. Means

(c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 13, 1905

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5 - 1941 to June 14, 1941

that I last saw her alive on June 14, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 36 Months 0 Days 16

If less than one day _____ hr. _____ min.

Duration _____

Due to Hypertensive Heart Disease

Chronic Nephritis

9. Birthplace (Unknown) Mississippi

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions _____

(Include pregnancy within 3 months of death)

Due to _____

11. Industry or business _____

MOTHER FATHER { 12. Name Paul Ellis

13. Birthplace Unknown

14. Maiden name Martha (Unknown)

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant W. M. Means

(b) Address Route #2, Charleston, Mo.

17. (a) Burial (b) Date thereof July 1, 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

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? _____

18. (a) Signature of funeral director F. V. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 7-1-41 (b) F. A. Verne

(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. A. Fingal (M. D. or other) _____

Address 17 N. Sprigg St. Cape Girardeau signed 7-1-41

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

RECEIVED

District Health Officer No. 2,

District File Number 241-898

Date Filed 7/16/46

OCT 2 1951

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.