

FILED SEP 6 1941

Registration District No. **566**

Primary Registration District No. **5762**

1. PLACE OF DEATH:

(a) County **Mississippi**
(b) City or town **Wyatt (Rural) Tylamoa, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 miles northeast 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 **5 years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**
(c) City or town **Wyatt (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 miles northeast of Wyatt**
(If rural, give location)
(e) Citizen of foreign country? **XXX** (Yes or No)
If yes, name country **XXX**

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Hazel Benson**

20. DATE OF DEATH: Month **August** day **6**
year **1941** hour **3** minute **P.M.**

3. (b) If veteran, name war **XXX** 3. (c) Social Security No. **XXX**

21. I hereby certify that I attended the deceased from **Aug-6-'41**
19 **Aug-6-'41** to **Aug-6-'41** 19 **Aug-6-'41**
that I last saw **her** alive on **Aug 6 - 1941**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Sam Benson** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **November 15, 1900**
(Month) (Day) (Year)

Immediate cause of death **Paraplegia**
about 5 hours

8. AGE: Years **40** Months **8** Days **21** If less than one day
hr. min.

Due to **Syphilis**
Due to _____

9. Birthplace **Sardis / Mississippi**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **None**

10. Usual occupation **Housewife.**

Major findings: Of operations _____

11. Industry or business **XXX**

Of autopsy _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Sam Benson**

(b) Address **Wyatt, Mo.**

17. (a) **Burial** (b) Date thereof **8/7/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

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

(b) Address **Charleston, Mo.**

19. (a) **8-10-41** (b) **J. Swann**
(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) **None**
(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 **C. H. Pease M.D.** (M. D. or other) **C**
Address **Wyatt, Mo.** Date signed _____

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

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RECEIVED

District Health Office No. 2

District File Number 941-1207

Date Filed 9/14/41

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..... E. E. Nunnelee.....

Licensed Embalmer No. 4164

P. O. Address Charleston, Mo

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.