

Registration District No. 750

Primary Registration District No. 4451

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Danpha, Miss
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Oregon 75
(c) City or town Getwood MO, R#1
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. west 2 mi. South Getwood MO.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9th
year 1941 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 14 1941, to _____ 19____;
that I last saw her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral edema
Due to Syphilis

Due to Small Pox Vaccination in scalp
Other conditions Telegk.
(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) _____
(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 J. Williams (M. D. or other) _____
Address Danpha MO Date signed 10-10-41

3. (a) PRINT FULL NAME Mable Lee Gayaway
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 6 26 hr. min.

9. Birthplace Oregon County MO. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business _____

MOTHER FATHER { 12. Name S. E. Gayaway
13. Birthplace Oregon County MO. 1
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Red
15. Birthplace Oregon County MO. 1
(City, town, or county) (State or foreign country)

16. (a) Informant S. E. Gayaway
(b) Address Getwood MO, R#1
17. (a) Burial (b) Date thereof Oct. 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cent.

18. (a) Signature of funeral director Blackburn
(b) Address Danpha MO
19. (a) 10-23-41 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

614

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 11412074

Date Filed _____

120
40

85-
40

125

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Leticia D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning, Ark.

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.