

Registration District No. 566

Primary Registration District No. 5762 5765

Registrar's No. 7

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: Rural Rt. #.2, Charleston, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 weeks
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Charleston Route #.2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X X X

3. (a) PRINT FULL NAME Wesley Eugene Mayabb

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 Infant
6. (c) Age of husband or wife if alive X X years
7. Birth date of deceased: December 1st, 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 2
If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business Infant

MOTHER FATHER {
12. Name Roy Mayabb
13. Birthplace East Prairie, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Juanita Brown
15. Birthplace Rockport Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Riley Brown
(b) Address Rt. #.2, Charleston, Mo.
17. (a) Burial (b) Date thereof 2-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove-Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Missouri

19. (a) 2-6-42 (b) F. J. Vennart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd.
year 1942 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 2
1942 to Feb. 3 1942
that I last saw him alive on Feb. 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: lobes pneumonia Duration 5 da.

Due to influenza

Due to -

Other conditions - 108
(Include pregnancy within 3 months of death)

Major findings: Of operations - Of autopsy -
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? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature C. C. Russell (M. D. or other)
Address Charleston, Mo. Date signed 2/5/42

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

FEB 1 8 1902

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.

Body not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.