

FILED NOV 14 1942
Registration District No. 277

Primary Registration District No. 5786

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution: RFD #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 40 YEARS

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. RFD #3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME CELIA ANN ST CLAIR

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE / 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased AUGUST 15TH 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 11
If less than one day hr. _____ min. _____

9. Birthplace MAC MEIN CO TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name WESLEY GRIZZLE

13. Birthplace DELONIGER GEORGIA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH PRESSON

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant T. B. MURPHY

(b) Address R#3 CHARLESTON MO

17. (a) BURIAL (b) Date thereof 9-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CHARLESTON MO

18. (a) Signature of funeral director John F. Nimmeler Jr

(b) Address Charleston Mo

19. (a) 10/10/42 (b) D E Mason
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 26TH
year 1942 hour 9 minute A M.

21. I hereby certify that I attended the deceased from September 19th, 1942, to Sept. 26, 1942
that I last saw her alive on September 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary decompensation Duration 2 weeks

Due to hypertension ?

Due to arteriosclerosis ?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94 a **PHYSICIAN**
Of operations _____
Of autopsy _____
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 5

23. Signature T. P. Benton (M. D. or other) _____
Address Wyatt, MO Date signed 9/28/42

RECEIVED

District Health Office No. 2,

District File Number 1142-1397

Date Filed 11-5-42

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, and

Joe R. Nunnelee, Registered Apprentice No. 331

working under my personal supervision.

Signed

John P. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.