

S. No. 2
1-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14890

State File No.

Registrar's No.

FILED MAY 7 1943 17
Registration District No.

Primary Registration District No. 5786

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Wyatt (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 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. _____ (If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mollie Bynum
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2nd.
 year 1943 hour 10 minute 35 A.M.
 21. I hereby certify that I attended the deceased from April 1
1943 to April 2 1943
 that I last saw h. or alive on April 2 1943
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Col. 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Preston Bynum 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 15 1882
 (Month) (Day) (Year)

Immediate cause of death Apoplexy
 Duration 1 day

8. AGE: Years 61 Months 0 Days 17 If less than one day _____ hr. _____ min.

Due to HYPERTENSION 15 yrs

9. Birthplace Crystal Springs Mississippi
 (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation House work

Other conditions (Include pregnancy within 3 months of death) gza!

11. Industry or business _____

PHYSICIAN _____

MOTHER FATHER
 12. Name Alex Berry
 13. Birthplace Dont know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Dont know
 15. Birthplace Dont know 9
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant C. D. Fuse
 (b) Address East Prairie, Mo.
 17. (a) Burial (b) Date thereof 7-5-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Oak Grove Cemetery Charleston, Mo.
 18. (a) Signature of funeral director _____
 (b) Address Charleston, Mo.
 19. (a) 5/1/43 (b) Mrs. Lou Moore
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature P. P. Fenton (M. D. or other)
 Address Wyatt Mo Date signed 4-6-43

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

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RECEIVED

District Health Office No. 2,

District File Number J-437622

Date Filed J-6-18

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 John F. Nunnally

Licensed Embalmer No. 3851

P. O. Address Charleston

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.