

S. No. 2  
1-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43035**

FILED JAN 13 1944  
Registration District No. **277**

Primary Registration District No. **43035**

Registrar's No. **114**

1. PLACE OF DEATH:

(a) County **MISSISSIPPI**

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

(c) Name of hospital or institution:  
**2 mi. / So West of Wyatt**  
(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) **12 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MISSISSIPPI**

(c) City or town **WYATT Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2 mi. So West**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **NONE**

3. (a) PRINT FULL NAME **GLADYS COUCH**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **COLOR**

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 **JUNE 14 1921**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**22 5 16** hr. — min.

9. Birthplace **WOODRUFF COUNTY, ARK**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **HOUSEKEEPER**

12. Name **ESSIE C. COUCH**

13. Birthplace **NEWPORT ARK**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELNORA BROWN**

15. Birthplace **WOODRUFF Co. ARK**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E. C. COUCH**

(b) Address **WYATT, Mo**

17. (a) **BURIAL** (b) Date thereof **12-2-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OAK GROVE - CHARLESTON Mo**

18. (a) Signature of funeral director **John F. Fenton**

(b) Address **Charleston Mo**

19. (a) **Jan 11/44** (b) **Miss Lou Moore**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **30TH**  
year **1943** hour **6** minute **30A** M.

21. I hereby certify that I attended the deceased from **July 43**  
to **Nov 36 1943**  
that I last saw her alive on **Nov 28 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism**

Due to **Miliary tuberculosis**

Due to **Pulmonary tuberculosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **13 fl**

Of autopsy

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. P. Fenton** (M. D. or other)

Address **Wyatt, Mo** Date signed **12-2-43**

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

RECEIVED

District Health Office No. 2,

District File Number 144-80

Date Filed 1-10-44

**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. Hummel Jr

Licensed Embalmer No. 3851

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.