

FILED JAN 13 1944 7

Registration District No. Primary Registration District No. 4329-5787 Registrar's No. 101

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution:
DELMO PROJECT / HOUSE #83
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 2 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. HOUSE #83 Delmo Proj
(If rural, give location)

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

3. (a) PRINT FULL NAME MOLLIE JOHNSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

4. Sex FEM 5. Color or race COL

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

6. (b) Name of husband or wife DECEASED

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

7. Birth date of deceased AUG 10 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NO Medical attendance 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration

8. AGE: Years Months Days If less than one day
75 4 13 hr. min.

Due to Infirmities of advanced age

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace TALAHASSEE CO MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business " "

12. Name GREEN ROBERSON

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name " "

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant STELLA ROCKETT

(b) Address WYATT, MO

17. (a) BURIAL (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLSTON MO

18. (a) Signature of funeral director Lain - N...

(b) Address Charleston MO

19. (a) Jan 1/4/44 (b) Mrs. L...
(Date received local registrar) (Registrar's signature)

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)

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 3 Crown

23. Signature Wavis Shelly (M.D. or other)
Address East Prairie MO Date signed 12/23/43

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

RECEIVED JAN 18 1944

District Health Office No. 2,

Licenses File Number 144-77

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. Nunneler 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.