

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 60103

FILED JAN 13 1944

Registration District No. 1

Primary Registration District No. 43-59-5787

Registrar's No. 110

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: 2 MI. S.W. WYATT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community 3 YRS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME EMMA WHITE

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex F 5. Color or race COLORED 6. (a) Single, widowed, married. divorced MARRIED
6. (b) Name of husband or wife COLUMBUS WHITE 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased MARCH 15 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 5 If less than one day — hr. — min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business —

MOTHER FATHER { 12. Name N.K. N.K.
13. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)
14. Maiden name N.K. N.K.
15. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)

16. (a) Informant COLUMBUS WHITE

(b) Address WYATT, MO.

17. (a) BURIAL (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
OAK GROVE CEMETERY

(c) Place: burial or cremation HADLESTON, MO.

18. (a) Signature of funeral director Charles W. ...
(b) Address Charleston, Mo

19. (a) Jan 11-44 (b) 1 Mrs. Lou ...
(Date received local registrar) (Registrar's signature)

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. 2 MI. S.W. WYATT
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20
year 1943 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from Dec 13
1943 to Dec 13 1943
that I last saw her alive on Dec 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration Duration
Myocardial degeneration ?

Due to Hypertension

Due to —

Other conditions —
(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? —

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

23. Signature H.P. Fenton (M. D. or other)
Address Wyatt, Mo Date signed 12-23-43

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

RECEIVED

District Health Office No. 2.

District File Number 144-179

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. Munnell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, N.C.

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.