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FILED FEB 10 1945

State File No.

Registration District No. 277

Primary Registration District No. 42595786

Registrar's No. 7

1. PLACE OF DEATH:

(a) County MISSISSIPPI

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

(c) Name of hospital or institution: July
(If not in hospital or institution, write street number or location)
1 1/4 MI WEST

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 9 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67

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

(d) Street No. 1 1/4 MI WEST
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LIZZIE MITCHELL

3. (b) If veteran, name war -

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21
year 1944 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from 1/15/44
..... 19..... to 1/21 19.....
that I last saw her alive on 1/21 19.....
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race COLORED

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased JULY 15 1893
(Month) (Day) (Year)

Immediate cause of death Myocardial Insufficiency

Duration 6 days

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

50 6 6 hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 928

MOTHER FATHER

9. Birthplace N.K. LA. O
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business SAME

12. Name WEBSTER MEDLEY

13. Birthplace RICHMOND VA.
(City, town, or county) (State or foreign country)

14. Maiden name ISABELLE HOCKINS

15. Birthplace N.K. LA.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant JESSIE BROWN

(b) Address WYATT, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 1-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation BAK GROVE CHARLESTON, MO.

18. (a) Signature of funeral director Paul St. Brown

(b) Address Charleston, Mo.

19. (a) 2/1/44 (Date received local registrar)

(b) Mrs. Tom Mason (Registrar's signature)

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)

Means of injury.....

23. Signature Paul St. Brown (M. D. or other)

Address Charleston Date signed 1/24/44

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

RECEIVED

Health Office No. 2,
District File Number 244-292
Date Filed 2-7-44

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
Licensed Embalmer No. 3851

P. O. Address Charleston, S.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.