

FILED MAY 18 1944

Primary Registration District No. 433A

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

1. PLACE OF DEATH:  
Mississippi  
 (a) County Mississippi  
 (b) City or town Bertrand  
 (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 All Of Life years, months or days)

3. (a) PRINT FULL NAME Thomas Lafayette Lett  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Minnie E. Lett 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased July 8th 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 8 29 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name John Lett  
 13. Birthplace N.K. Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Hanley  
 15. Birthplace N.K. Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie E. Lett  
 (b) Address Bertrand, Mo.

17. (a) Burial (b) Date thereof 4-9-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Charleston, Mo.

18. (a) Signature of funeral director W. H. Thompson

(b) Address Charleston, Mo.

19. (a) 5/11/44 (b) Mrs. Tom Moore  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Mississippi  
 (c) City or town Bertrand  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
 year 1944 hour 6 minute 10 a. M.

21. I hereby certify that I attended the deceased from Dec. 1943 to Apr. 7 1944  
 that I last saw him alive on Apr. 6 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death cardiovascular Duration 2 yrs.

Due to \_\_\_\_\_

Due to 131a

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 E. C. Prunell (M.D. or other)

Address Charleston, Mo. Date signed 4/11/44

RECEIVED

District Health Office No. 2,

District File Number 544-747

Date Filed 5-15-44

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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. Munnick 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.