

FILED AUG 11 1944
 Registration District No. 277

Primary Registration District No. 4329

Registrar's No. 52

1. PLACE OF DEATH:
Mississippi
 (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:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 years**
 In this community **25 years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
Missouri **Miss.** **67**
 (a) State **Missouri** (b) County **Miss. 67**
 (c) City or town **Wyatt**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? **No**
 If yes, name country _____

3. (a) PRINT FULL NAME **Samuel Nance**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **12th**
 year **1944** hour **8** minute **P**
 M.

4. Sex **M** 5. Color or race **Colored**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Lillie Nance March**
 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **1st 1879**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 2-44**
~~June~~ 19 **June 11**, 19 **44**
 that I last saw him alive on **June 11**, 19 **44**
 and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **3** Days **11**
 If less than one day hr. min.

Immediate cause of death **Carcinoma of colon**
 Duration **8 M 6**

9. Birthplace **N. K. Tenn.**
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation **Farming**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **H6**
 Of autopsy _____

11. Industry or business _____
 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)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Lillie Nance**
 (b) Address **Wyatt, Mo.**

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 **2**

17. (a) **Burial** (b) Date thereof **6-14-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Grove Charleston, Mo.**

18. (a) Signature of funeral director **John P. Fenton**
 (b) Address **Charleston, Mo.**
 19. (a) **6/14/44** (b) **Maxton Moore**
 (Date received local registrar) (Registrar's signature)

23. Signature **J. P. Fenton** (M.D. or other)
 Address **Wyatt, Mo.** Date signed **6-14-44**

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

6700

RECEIVED

District Health Office No. 1,

District File Number 844-1260

Date Filed 8-9-44

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. Ammel

Licensed Embalmer No. 3851

P. O. Address Charleston, W. Va.

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.