

FILED AUG 11 1944

Primary Registration District No. 4329

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

1. PLACE OF DEATH:

(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 _____ (Specify whether)
In this community 10 years
years, months or days

3. (a) PRINT FULL NAME ROSIE Smith

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 Widowed
6. (b) Name of husband or wife Ed Smith (dec'd) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1st 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 13 _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business Gabe Donley

12. Name Miss
13. Birthplace Miss
(City, town, or county) (State or foreign country)

14. Maiden name Susie Milton
15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Arnold
(b) Address Wyatt, Mo.

17. (a) Burial (b) Date thereof 6-15-44
(Burial, cremation, or disposal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston, Mo.

18. (a) Signature of funeral director John F. [Signature]
(b) Address Charleston, Mo.
19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(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 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1944 hour 3 minute 53 P. M.

21. I hereby certify that I attended the deceased from June 13, 1944 to June 14, 1944; that I last saw her alive on June 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2 day
Due to Hypertension

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 T. P. [Signature] (M. D. brother)
Address Wyatt, Mo. Date signed 6-11-44

RECEIVED

District Health Office No. 2,

District File Number 844-1061

Date Filed 8-9-64

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. Minnielee Jr.

Licensed Embalmer No. 38571

P.O. Address

Charleston, W.V.

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.