

FILED SEP 26 1947

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.

(c) Name of hospital or institution Missouri State Prison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years, 2 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write street number)

(d) Street No. Missouri State Prison (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATTIE ESSEX #50978

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

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 27 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

12. Name Fullyon Brooks

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Missouri Prison Florida

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 9/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kan.

18. (a) Signature of funeral director Walter D. Miller

(b) Address Jefferson City, Mo.

19. (a) 9-23-44 (b) Norma Fichter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1947 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 15, 1947 to Sept 22, 1947 that I last saw her alive on Sept 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated heart

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 5 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) Means of injury _____

23. Signature J. J. Jones (M.D. or other) M.D.
Address Jefferson City, Mo. Date signed 9/25/47

NOV 28 1944

DEC 6 1944

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-25-44

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.