

FILED NOV 28 1945

Registration District No. 4329

Registrar's No. 79

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town WYATT
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISS. 47
(c) City or town CHARLESTON 'RURAL'
(If outside city or town limits, write "RURAL")
(d) Street No. 12 Miles S. of Charleston
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAMS HEALEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex MALE 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 (Month) (Day) (Year)

7. Birth date of deceased AUG. 12 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER
12. Name Jule Sheeley
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph E. Williams
(b) Address Charleston MO #1

17. (a) Oak Grove (b) Date thereof Aug 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director James Shelby
(b) Address East Main St

19. (a) 10-2-45 (b) Mrs. Fern Bondurant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 20
year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1945 to Aug 20, 1945
that I last saw him alive on Aug 19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Eyelitis
Duration 2 wk.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1320
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) (c) Means of injury _____

Signature T. P. Lenton M.D. (M. D. or other) _____
Address Wyatt, Mo Date signed 8-26-45

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

RECEIVED

District Health Office No. 2

District File Number 1145-323

Dats Filed 11-8-46

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..... *Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie 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.