

S. No. 2
M-2-43
7. 5-17-39
X 35967

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20962

FILED JUN 26 1946

State File No.

Registration District No.

Primary Registration District No. 3845

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
409 W. Market St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. 409 W. Market St.
(If rural, give location)

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

3. (a) PRINT FULL NAME J. F. Wrenn

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. 414-38-8736

20. DATE OF DEATH: Month June day 16 year 1946 hour 10:00 minute A. M.

4. Sex Male 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Apr. 30 1946 to June 16 1946
that I last saw him alive on May 20 1946
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mary Wrenn

6. (c) Age of husband or wife if alive 34 years

Immediate cause of death Cerebral hemorrhage Duration 2 hrs

7. Birth date of deceased: August 1, 1901
(Month) (Day) (Year)

Due to Hypertensive cardio vascular disease 6 mo.

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>10</u>	<u>15</u>	hr. _____ min.

Due to _____

Other conditions Syphilitic cardiac vascular
(Include pregnancy within 6 months of death)

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

Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Laborer

11. Industry or business On Railroad

12. Name A. T. Wrenn

13. Birthplace Monroe County, Miss
(City, town, or county) (State or foreign country)

14. Maiden name L. V. Womble

15. Birthplace Monroe County, Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Wrenn

(b) Address 409 W. Market St. Charleston, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

(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 _____

18. (a) Signature of funeral director F. L. Speake

(b) Address Cape Girardeau, Mo.

19. (a) 6-21-46 (b) Mrs. John Bondurant
(Date received local registrar) (Registrar's signature)

23. Signature William L. Davis (M. D. or other) MD

Address Charleston, Mo. Date signed 6-17-46

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

1946

RECEIVED

District Health Office No. 2,

District File Number 646-769

Date Filed 6-24-46

JUL 11 1946

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 Frank Sparks
Licensed Embalmer No. 3458
P. O. Address Cape Girardeau, 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.