

No. 2
12-45
5-17-39
47070

FILED OCT 23 1946
Registration District No. **277**

Primary Registration District No. **3045**

Registrar's No. **83**

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston

(c) Name of hospital or institution:
605 W. Pecan!
(If not in hospital or institution, write street number or location)

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

In this community _____

3. (a) PRINT FULL NAME Lucy Mc Cleton

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 12 - 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>6</u>	hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Mc Cleton

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

14. Maiden name Geneva Banks

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

16. (a) Informant Mary Emanuel

(b) Address Charleston, Mo

17. (a) Burial (b) Date thereof 10-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tamms, Ill

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-18-46 (b) Mrs. John Condurant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

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

(d) Street No. Route 1 Box 8a, 11
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 21

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1946 hour 3 minute 40 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Mary Emanuel, midwife
was nurse at birth
and death of baby

Duration 6 da

Other conditions: 2000
(Include pregnancy within 3 months of death)

Major findings: sick from birth

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 _____

Signature Mary Emanuel midwife
(Name of other) _____

Address Charleston, Mo Date signed 10/18/46

1952
12

RECEIVED

District Health Office No. 2

District File Number 1046-125

Date Filed 10-21-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 217

Primary Registration District No. 3045

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Lucy McClester
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced S

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

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

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Information gathered from midwife the child due to suffered from birth with mitral insufficiency

Due to _____

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

Major findings: Of operations _____ Of autopsy 92B

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 Mrs. John Bondurant (M. D. or other) Local Registrar
Address Charleston MO Date signed 10/30/46

SUPPLEMENTARY 8

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

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