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DEPARTMENT OF HEALTH
STATE OF MISSISSIPPI
FILED DEC 31 1946

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40116

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 214

1. PLACE OF DEATH:

(a) County DeWitt

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

(c) Name of hospital or institution:
Prussell Hospital 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 5 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeWitt

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

(d) Street No. Rural # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Nyde Lucett

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 10
year 1946 hour 5 minute 30 P M.

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.

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife Abnera Lucett

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Jan 31-1906
(Month) (Day) (Year)

Immediate cause of death.....
Frontal Bone Skull Fracture

Due to Being hit with bar Rail in hands of C.L. Jones

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

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

40 11 10 hr. min.

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

10. Usual occupation Farmer

Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Of autopsy.....

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

MOTHER FATHER

11. Industry or business.....

12. Name Jodie Lucett

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

14. Maiden name Leola Williams

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

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

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

(b) Date of occurrence Dec. 10th, 1946

(c) Where did injury occur? Kennett Rt. 1 Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near home Kennett Mo. Rt. 2
While at work? No (Specify type of place) (e) Means of injury.....

23. Signature Carl Lucett
Address Kennett Mo. Date signed 12-11-46

16. (a) Informant Abnera Lucett

(b) Address Smith Rural # 2

17. (a) Burial (b) Date thereof 12-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Leola Williams
(b) Address Kennett Mo.

19. (a) 12-11-1946 (b) Carl Lucett
(Date received local registrar) (Registrar's signature)

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

90

RECEIVED
District Health Office No. 2,
District File Number 246-1476
Date Filed 12-20-46

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

working under my personal supervision.

Registered Apprentice No. _____

Signed Edgar D. Ford

Licensed Embalmer No. 4433

P. O. Address Kenneth Me

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. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(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 _____)

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

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Jan 31 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 16 (Unless than one day) hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

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 Jan 10
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 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 _____

Duration _____

Due to _____
Due to _____
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) Homicide
(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 Walter A. Fair _____ (Date) _____
Address Kennett Mo _____ Date signed _____

SUPPLEMENTARY

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

38930

40116