

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5513
Registrar's No. 27

Registration District No. 217

Primary Registration District No. 5786

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

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
4 mi. S. E. of Wyatt
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 4 mi. S. E. of Wyatt
(If rural, give location)

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

3. (a) PRINT FULL NAME Columbus White

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1947 hour 2:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Attended 1947 to 1947
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie White 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased January 25, 1880
(Month) (Day) (Year)

Immediate cause of death: Death due to gunshot wound in head suffered by unknown persons. Found dead in bed. Duration _____

Due to inquest conducted - 2-19-47 found that death due to gunshot wound in head self-inflicted

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

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>4</u>	hr. _____ min. _____

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace Talahassee Co. Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming.

12. Name Thomas White

13. Birthplace Talahassee Co. Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Tyler

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

16. (a) Informant Henry White

(b) Address Centralia, Illinois

17. (a) Burial (b) Date thereof 1-30-1947
(Burial, cremation, or removal) (Month, day, year)

(c) Place: burial or cremation Oak Grove Cemetery, Charleston, Missouri

18. (c) Signature of funeral director Charlesston Nunnelle Funeral Chapel

(b) Address Charleston, Missouri

19. (a) 2-28-47 (b) Mrs. John Bonducent
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 1/29/1947

(c) Where did injury occur? 4 mi S. E. of Wyatt Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) (e) Means of injury 12 ga gun

23. Signature John Nunnelle (M.D.)
Address Charleston, Mo Date signed 2/19/47

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RECEIVED
District Health Office No.
District File Number 347-3
Date Filed 3-4-42

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.

Not Embalmed

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.