

FILED JUL 3 1947

Registration District No. **2177**

Primary Registration District No. **4329**

Registrar's No. **71**

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 \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

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

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. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Robert L. McQueen**

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

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lena McQueen** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **August 15, 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>10</b>	<b>3</b>	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Unknown** 9

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

14. Maiden name **Unknown** 9

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

16. (a) Informant **Henrietta Brinkley**

(b) Address **Wyatt, Missouri**

17. (a) **Burial** (b) Date thereof **June 22, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Charleston, Missouri**

19. (a) **6-28-47** (b) **Mrs. John Bondurant**  
(Date received local registrar) (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18** year **1947** hour **11:** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **June 13, 1947** to **June 18, 1947** that I last saw him alive on **June 18, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism** Duration **6 days**

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) \_\_\_\_\_

(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? **2**

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature **T. P. Fenton** (M. D. or Other) \_\_\_\_\_

Address **Wyatt, Mo.** Date signed **6-26-47**

RECEIVED

District Health Office No. 2,

District File Number 747-908

Date Filed 8-1-47

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. 3450

P. O. Address.....  
*Cape Sable*

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.