

S. No. 2
M-5-43
5-17-39
I X3667

13727-48

State File No.

9846

FILED MAR 24 1948

Registration District No. 299

Primary Registration District No. 6027

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural 1 mi. W. of Reynolds
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County Reynolds

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

(d) Street No. 1/2 mi. N.W. of Reynolds
(If rural, give location)

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

3. (a) PRINT FULL NAME Isaac Bounds

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1948 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from 7-1 1948 to 7-7 1948
that I last saw him alive on 7-7 1948 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lavinia Bounds

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

7. Birth date of deceased July 20 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral regurgitation

Duration _____

8. AGE: Years 81 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Marion Bounds

13. Birthplace St. Genevieve Miss
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Louis Bounds

(b) Address Cartersville Miss

17. (a) Burial (b) Date thereof 2-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near Ray's Cemetery

18. (a) Signature of funeral director _____

(b) Address Ellington Miss

19. (a) 2-16-1948 (b) C. M. H. H. H. H. H.
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 92A

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 C. M. H. H. H. H. (M. D. or other) 782
Address Cartersville Miss Date signed 2/4/48

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

MOTHER FATHER

RECEIVED

MAY 17 1948

Officer No. 5,

349200

3-20-48

Filed

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 2-6-48

....., Registered Apprentice No.
working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.