

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:
6 miles east 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 All of Life
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. 6 miles east of Wyatt
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Essie Dell Brown
 3. (b) If veteran, name war No. 3. (c) Social Security No. None Know

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robbie Brown 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased: October 17, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 1 7 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER
 { 12. Name George Parsons
 { 13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
 { 14. Maiden name Nancy Keaton
 { 15. Birthplace Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robbie Brown,

(b) Address RFD, Wyatt, Missouri.

17. (a) Burial (b) Date thereof 11-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston, Mo.

18. (a) Signature of funeral director Joe R. Nunnelse

(b) Address Charleston, Missouri.

19. (a) 12-3-48 Mrs J. R. Bondurant (b) Registrar's signature 1948
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
 year 1948 hour 5:00 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 15, 1948, to Nov 24, 1948,
 that I last saw h. ER alive on Nov 24, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death LEUKEMIA
 Duration 5 Mo.

Due to _____
 Due to _____

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

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy 740
 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 3

Signature T. P. Feibus D.O. (M.D. or other)

Address Wyatt, Mo. Date signed 11-27-48

FILED
District File Number 1748-16-36
Date Filed 12-7-48

NOV 12 1948
RECEIVED
B.M.

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 Joe R. Nunnelee
Licensed Embalmer No. 4413
P. O. Address Charleston, 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.