

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4897 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cooter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cooter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Willie</u>	b. (Middle) <u>Jeannette</u>	c. (Last) <u>Jeanner</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6-3-49</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-18-1910</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Co Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Tom Hefner</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl Clifton</u>	14. NAME OF HUSBAND OR WIFE <u>Charlie Jeanner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Jeanner</u>	ADDRESS <u>Cooter mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of uterus</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rising to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death that not related to the disease or condition causing death.			<u>174X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>as above</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (log, floor above home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOTWHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Chapman</u> (Degree or title)	23b. ADDRESS <u>Steele, mo.</u>	23c. DATE SIGNED <u>6-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Flat</u>	24d. LOCATION (City, town, or county) (State) <u>Hickory Flat Miss</u>
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DATE REC'D BY LOCAL REG. <u>6-14-49</u>	REGISTRAR'S SIGNATURE <u>L. O. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deborah's Funeral Home</u>	ADDRESS <u>Haley Springs Miss</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.4878
0

6-49-157

AUG 24 1949

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....

Student Embalmer

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.