I. PLACE OF DEATH  a. COUNTY  Henry  b. City (II conside corporate limits, write RURAL and OR TOWN Deapwater Mis dependence of power of the property of the pr	b. (Middle)	2 USUAL RESULTANT OR TOWN  d. STREET ADDRESS  c. (Last)  8. DATE OF BIRTH ROD.	M1880ur1  DENCE (When doors to be	(Month) (	Day) (Year
L. PLACE OF DEATH  a. COUNTY  Henry  b. CTIY (If conside corporate limits, write RURAL and OR TOWN Deepwater Mis  d. FULL NAME OF (If not in hospital or institution, a HOSPITAL OR INSTITUTION)  3. NAME OF B. (First)  DECEASED  (Type or Print) George Washin  5. SEX  6. COLOR OR RACE  7. MAR  White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  13a. FATHER'S NAME  Abe Elston  15. WAS DECEASED EVER IN U.S. ARMED, FORCES?  (Yee, no, or unknown) (If yee, rive war or dates of service)  770  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, asthenia, etc. It means the discase, infury, or complication which caused death.  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF INJURY  21d. TIME (Mosth) (Day) (Year) (Hour)  15 INJURY  22. I hereby certify that Lattended the decean alive on Complete that the decean alive on Complete that I attended the decean alive on Complete that Lattended the decean alive on Complete that I attended the decean alive on Complete that Lattended the	c. LEMETH OF STAY (In this place of the street address or location)  b. (Middle)  ton Elston  MED. NEVER MARRIED.  WED. DOF BUSINESS OR IN-	a. STATE  C. CITY (Founds of TOWN)  d. STREET ADDRESS  c. (Last)  8. DATE OF BIRTH  Reb.	M1860ur1  Parameter theirs, write BUB  OF CE rural, give location  OF DEATH	A COUNTY Heary ALL and give township  (Month) ( Dec 5	Day) (Year
b. CITY (II controled corporate limits, write RURAL and OR TOWN Deepwater Miss.  d. Full NAME OF (II not in hospital or Institution, a HOSPITAL OR INSTITUTION)  3. NAME OF DECEASED (Type or Print) Ge Orga Washin.  5. SEX 6. COLOR OR RACE 7. MAR WIDO White Box of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11a. FATHER'S NAME  Abe Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no. or unknown) (II yee, sive war or dates of service)  16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  17b. This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death.  11. OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions (injury, or complication which caused death.  11. OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions. If any, or size to the above cause (a) at the underlying cause last: + the unde	b. (Middle)  b. (Middle)  ton Flston  MED. NEVER MARRIED,  WED. DOF BUSINESS OR IN-	a. STATE  C. CITY (Bounds of OR TOWN)  d. STREET ADDRESS  C. (Last)  8. DATE OF BIRTH  Reb.	M1860urt  M1860urt  Operator  (E rural, give location  OF  DEATH	A COUNTY Heary ALL and give township  (Month) ( Dec 5	Day) (Year
b. CTTY (II outside corporate limits, write RURAL and OR TOWN Deepwater Mis  d. FULL NAME OF (If not in hospital or Institution, a HOSPITAL OR INSTITUTION)  3. NAME OF B. (First)  DECEASED (Type or Print) GEORGE Washin  5. SEX 6. COLOR OR RACE 7. MAR WIDO  Mal'a White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lahorer  13a. FATHER'S NAME  Abe Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no, or unknown) (II yee, give war or dates of service)  16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dring, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death.  11. OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions (II). OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions. If any, or is to the above cause (a) is the underlying cause last.  12a. ACCIDENT (Boestly) (I). PLAC home, farm of the dolor of the disease or conditions. If any, or is to the above cause (a) is the underlying cause last.  13a. FATHER'S NAME  Abe Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES?  (Yee, no, or unknown) (II yee, give war or dates of service)  15. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c)  16. COLOR OR RACE  17. MAR  19b. KI  17  11  12  13a. FATHER'S NAME  Abe Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES?  16. COLOR OR RACE  17. MAR  19b. KI  19b.	b. (Middle)  b. (Middle)  ton Flston  MED. NEVER MARRIED,  WED. DOF BUSINESS OR IN-	c. CITY (IF could a OR TOWN DO ADDRESS C. (Last)	M18800.C1  OPWS. LOF  (S rural, give location  4. DATE  OF  DEATH	(Month) (	Day) (Year
OR TOWN Deepwater Mis  d. FULL NAME OF (If not in boughtal or Institution, HOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Type or Print) George Washin  5. SEX 6. COLOR OR RACE Male  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1. aborer  13a. FATHER'S NAME Abe Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no, or unknown)  16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  17. MAR WIDO  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  19. ANTECEDENT CAUSES  Aforbid conditions, if any, rise to the above cause (a) si the underlying cause last in the underlying	b. (Middle)  b. (Middle)  ton Flston  MED. NEVER MARRIED,  WED. DOF BUSINESS OR IN-	d. STREET ADDRESS  c. (Last)  8. DATE OF BIRTH Red 2	Opwater  (S rural, give location  4. DATE OF DEATH	(Month) (	Day) (Year
d. FUIL NAME OF (if not in hospital or Institution. a HOSPITAL OR INSTITUTION)  3. NAME OF DECEASED (Type or Print) GOORGE Washin.  5. SEX 6. COLOR OR RACE 7. MAIN (MIDO White) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12a. FATHER'S NAME Abe Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no. or unknown) (If yea, rive war or dates of service) 710  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 fallure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions. If any, or is to the above cause (a) at the underlying cause last. The underlying c	b. (Middle)  ton Flaton  DED NEVER MARRIED.  WED, DISHESS OR IN-	d. STREET DO ADDRESS  c. (Last)  8. DATE OF BIRTH F. B. 2	4. DATE OF DEATH	(Month) (	Day) (Year
d. FULL NAME OF IT not in hospital or Institution.  3. NAME OF DECEASED (Type or Print)  5. SEX  6. COLOR OR RACE Male White 10a. USUAL OCCUPATION (Give kind of work doose during most of working life. even if retired) 12a. FATHER'S NAME ADE Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no, or unknown) 16. 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 falture, as then in ease, injury, or complication which caused death.  16. It means the discase, injury, or complication which caused death.  17. MAR WIDO White  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 falture, as then in ease, injury, or complication which caused death.  17. MAR WIDO White  18. CAUSE OF COLOR OR RACE  19. MAI  19. MAS DECEASED  19. DISEASE OR CONDITION DIRECTLY LEADING TO DIRECTLY	b. (Middle)  ton Elston  MED. NEVER MARRIED.  WED. DEVER MARRIED.  WED. DEVER MARRIED.  DOF BUSINESS OR IN-	d. STREET ADDRESS c. (Last)  8. DATE OF BIRTH Reb.	4. DATE OF DEATH	(Month) (	
DECEASED (Type or Print) GOORG Washin  5. SEX 6. COLOR OR RACE White Whi	rton Elston MED. NEVER MARRIED. WED. DIVORCED (Specify)	8. DATE OF BIRTH	OF DEATH	_Dec 5	
5. SEX  6. COLOR OR RACE  Male  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborar  13a. FATHER'S NAME  Abe Elston  15. WAS DECEASED EVER IN U.S. ARMED, FORCES? (Yea. no. or unknown)  16. 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, asthenia, etc. It means the discase, injury, or complication which caused death.  16. 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, asthenia, etc. It means the discase, injury, or complication which caused death.  17. MAR WIDO  19b. Killone  Till year, sive war or dates of services)  710  ANTECEDENT CAUSES  Morbid conditions, if any, or ise to the above cause (a) at the underlying cause last. The underlyi	D OF BUSINESS OR IN	_1	DEATH	Dat : 1	3053
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1.ahorer  13a. FATHER'S NAME  Abe Elston  15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no, or unknown) (If yee, sive war or dates of service)  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 falture, asthemia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT (Bpecity)  21d. TIME (Mosth) (Day) (Year) (Hour)  OF INJURY  22. I hereby certify that Lattended the decear alive on	D OF BUSINESS OR IN	_1	9.1864 9. AGE ()		1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1.ahorer  1.ahorer  1.ahorer  1.ahorer  Abe Elston  1. S. Was Deceased ever in u. s. armed, forces? (Yee, no. or unknown) (If yee, rive war or dates of service)  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  19. This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  11. OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions. (Beselty)  12. ACCIDENT (Beselty)  21a. ACCIDENT (Beselty)  21b. PLAC home, farm  12b. Killing (Month) (Day) (Year) (Hour)  12c. I hereby certify that I attended the decear alive on 12c. 12c. 12c. 12c. 12c. 12c. 12c. 12c.	D OF BUSINESS OR IN-	- ! <del></del>	~~~~ F & 7	hday) Months D	EAR   IF UNDER 11   Hours   h
Is cause of dying, such as heartfalture, asthenia etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION  21d. TIME OF OPERATION  21d. TIME (Mosth) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the decear alive on ward of Electors  ADE Elston  It was shaded at the service of ser	DUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12	CITIZEN OF W
ADE Elston  15. WAS DECEASED EVER IN U.S. ARMED, FORCES? (Yea. no., or unknown) (II yea. sive war or dates of service)  18. CAUSE OF DEATH Enter only one cause per line for (n), (b), and (c)  *This does not mean the mode of dying, such as heart falture, asthemia, etc. It means the discase, injury, or complication which caused death.  11. OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF INJURY  21d. TIME (Month) (Day) (Year) (Hour) of INJURY  22. I hereby certify that Lattended the decear alive on 195 T, and		10	ington Iow	ra / l °	U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no, or unknown) (II yee, sive war or dates of service)  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, asthenia, etc. It means the discase, infury, or complication which caused death.  19a. DATE OF OPERATION  19a. ACCIDENT (Bpecity) (Pear) (Hour)  21d. TIME (Month) (Day) (Year) (Hour)  OF INJURY  22. I hereby certify that I attended the decear alive on	8 Factory	N NAME	14. NAME OF HUS	<u> </u>	
15. WAS DECEASED EVER IN U. S. ARMED, FORCES? (Yee, no, or enknown) (II yee, sive war or dates of service)  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, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  19a. ACCIDENT (Bpecity) (Pear) (Hour) SUICIDE (Month) (Day) (Year) (Hour) OF INJURY  21 hereby certify that Lattended the decear alive on 150 of 150 of 1957, and	Sarah Mour	· ·	Alice	K Elston	n
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 fallure, asthenia, etc. It means the disease, infury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE (Bpectity)  21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the decea alive on	16. SOCIAL SECURITY		S SIGNATURE O	R NAME	ADDRES
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, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  19a. ACCIDENT SUICIDE HOMICIDE  21d. TIME OF INJURY  1. DISEASE OR CONDITION DIRECTLY LEADING TO DI ANTECEDENT CAUSES  Morbid conditions, if any, or isse to the above cause (a) is the underlying cause last.  11. OTHER SIGNIFICANT C Conditions contributing to the related to the disease or conditions.  19b. MAJOR FINDINGS OF INJURY  21d. TIME OF INJURY  22. I hereby certify that I attended the decean alive on 1957, and	No.	Alice K	:\\ 31ston	Dee pwate	er Mo
the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the decear alive on Attantion of the conditions contributing to the related to the disease or conditions. Suicide (Bosetty)  21b. PLAC home. farm.	1	forfator	Prem		ONSET AND DEA
tion which caused death.  II. OTHER SIGNIFICANT C. Conditions contributing to the related to the disease or conditions.  IPa. DATE OF OPERATION  IPa. MAJOR FINDINGS OF SUICIDE (Bpecity)  21a. ACCIDENT SUICIDE (Bpecity)  21b. PLAC (Bourd (Bo	iving DUE TO (b) Uting DUE TO (c)	ryveordo	la, Usla	melus	
21a. ACCIDENT (Bpecity) 21b. PLAC home, farm CF (Month) (Day) (Year) (Hour) OF INJURY m. (Hour) 1. 22. I hereby certify that Lattended the decea alive on 2. 3. 4.	ONDITIONS	:		· I	
21d. TIME (Mosth) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the decea alive on 1957, and	death but not ion causing death.	,	·		
22. I hereby certify that I attended the decea	ion causing death.	ć	423	2/ 2	D. AUTOPSY?
alive on les , 1957, and	ion causing death.			2/ (COUNTY)	
	OPERATION  OFINJURY (a.g., in or about		R TOWNSHIP)	(COUNTY)	YES NO
	OPERATION  OF INJURY (e.g., in or about lactory, street, office bidg., etc.)  Ite. INJURY OCCURRED HILLEAT NOT WHILE WORK AT WORK	211. HOW DID INJUR	R TOWNSHIP) RY OCCUR?	(COUNTY)  Z, that I last so	YES NO (STATE)  aw the decer
1/2atruson	OPERATION  OF INJURY (e.g., in or about lastory, street, office bidg., etc.)  I.e. INJURY OCCURRED HILLERT NOT WHILE WORK AT WORK at work had death occurred at	211. HOW DID INJUR 211. HOW DID INJUR 1925, to LO	R TOWNSHIP)	(COUNTY)  Z, that I last so the date stated a	(STATE)  aw the decea
24a, BURIAL, CREMA-   24b, DATE	OPERATION  OF INJURY (e.g., in or about lactory, street, office bidg., etc.)  Ite. INJURY OCCURRED HILLEAT NOT WHILE WORK AT WORK	211. HOW DID INJUR	R TOWNSHIP) RY OCCUR?	(COUNTY)  Z, that I last so the date stated a	(STATE)  aw the deceabove.  3c. DATE SIGN
TION SENOVAL (questry) De/C: 7 19	OPERATION  OPERATION  OF INJURY (e.g., in or about factory, street, office bldg., stell the injury occurred work  Med from hal death occurred at the injury occu	21f. HOW DID INJUR	R TOWNSHIP) RY OCCUR?  The causes and on the causes and on the causes and the causes are caused as the causes and the causes are caused as the caused as the causes are caused as the c	(COUNTY)  Z, that I last so the date stated a	(STATE)  aw the deced bove.  3c. DATE SIGN
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATUR	OPERATION  OPERATION  OF INJURY (e.g., in or about factory, street, office bidg., ere.)  Ite. INJURY OCCURRED WORK AT WORK  Material Control of the bidg., ere.)  AT WORK AT WORK  OPERATION  AT WORK  AT WORK  AT WORK  AT WORK  OPERATE OF CEMETE	21f. HOW DID INJUR  21f. HOW DID INJUR  19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	R TOWNSHIP) RY OCCUR?  The causes and on the causes and on the causes and the causes are caused as the caused as the causes are caused as the ca	(COUNTY)  Z, that I last so the date stated a zyro, y, town, or county)	(STATE)  aw the deceabove.  3c. DATE SIGN  (State
Doc. 7-31 Florence	OPERATION  OPERATION  OPERATION  OF INJURY (e.g., in or above lactory, street, office bidg., etc.)  OPERATION	21f. HOW DID INJUR	R TOWNSHIP) RY OCCUR?  The causes and on the causes and on the causes and the causes are caused as the causes and the causes are caused as the caused as the causes are caused as the c	(COUNTY)  Z, that I last so the date stated a zyro, y, town, or county)	(STATE)  aw the deced bove.  3c. DATE SIGN (State)

## RECEIVED EC 10 DISTRICT HEALTH OFFICE No. 3 District File Number\_ Date Filed ULC 1 0 1951

STATEMENT	RY	LICENSED	CLIDAT	MED

1	hereby	certify	y that th	e body whose name	e is recorded o	n the reverse sid	de of this	certificate	was embali	med by me, or	r by
								Student	Fahalas	r Na	**************
			**************	******************************	****		,	******			
	· <b>3</b>					•				•	

working under my personal supervision.

Licensed Embalmer No. 2.2.2.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.