, Ell	LER VA HEU	a 40EA		IVISION OF HEALT ARD CERTIFICA			036933
L	LED VS NOV	6 1939 Registration Dis			imary Registration District No	o. 30 45 TATE FI	LE NUMBER or's No. 7.3
	1. PLACE OF DEAT	TH Mississippi				(Where deceased lived. If institu	
	b. CITY (If outsi	side corporate limits, give Charleston	TOWNSHIP anly)	Inside Limits Yes No 🗆	c. CITY OR TOWN Char	ri.	Inside Lim
7	c. FULL NAME (HOSPITAL OR INSTITUTION		_ '	ength of stay in 1b	of 75 ADDRESS 300	(If outside, give location)	Reside on F Yes No
3	3. NAME OF DECEA (Type or print)			Middle	Last	4. DATE Month OF	Day Year
<u> </u>	5. SEX	John 6. COLOR OR RACE		F	Wallace 8. DATE OF BIRTH	O ACE // HELINDER	2359
ľ	Male a	Negro	WIDOWED N	NEVER MARRIED 🗍	May 1 1880	7, AGE (In years Problem 4) Months	Days Hours
10		ION (Give kind of work done king life, even if retired)	INDUSTRY		11. BIRTHPLACE (City and s	state or country) / 12. CITI	ZEN OF WHAT COU
13	Laborer 30. FATHER'S NAME		COMMON 13b. MG	labor	Charleston	Mississippi 14. NAME OF HUSBAND OR WI	J.S.A. FE
] "	not k	ກວ ພາ	1000	not kn		Sallie Wall	
	S. WAS DECEASED EV	VER IN U. S. ARMED FORCE			17. INFORMANT		Brookly
(1	no l	If yes, give war or dates of s NONE DEATH (Enter only one ca	<u> 489+</u>	14-9652	Fred Colema	an Charlesi	ton Mo
7	Conditions, which gave above caus stating the	rise to dose (a), by under-					·
FICATION	lying caus	so last. / DUE TO (c)	ITIONS CONTRIBUT	TING TO DEATH but	not related to the terminal disea	ose condition given in PART (a)	19. WAS AUTO PERFORM YES NO
L CERTIF	20a. ACCIDENT	SUICIDE HOMICIDE	20ь. DESCRIBE	E HOW INJURY OCC	CURRED. (Enter nature of in	jury in PART I or PART II of item	
DIC	INJURY a	Hour Month, Day, Year s.m. p.m.		. :			
ME OIL	20d. INJURY OCCURRED WHILE AT NOT WHILE WORK OCCUPANTY STATE AT WORK OCCUPANTY STATE OCCUPANTY OCCUP						
	21. I attended the deceased from						
	22a. SIGNATURE	7 Y 10/	(Degree or title)	T	22b ADDRESS		22c. DATE SY
	<u></u>	MICK	erras	reaut	As Mu	Moton	40 10/2
230	a. BURIAL, REMATION REMOVAL (Specify)	DN, 23b. DATE	-	reaut E OF CEMETERY OR Grove	1	LOCATION (City, town, or county) harleston,	(Syster) Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	orded on the reverse side of this certificate was embalme
	, Student Embalmer No
working under my personal supervision.	
Student	Signed Calutar Silonaliston Licensed Embalmer No. 4935 P. O. Address Calculator

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.