

700

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town RURAL - Ohio Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
JAMES CROWFORD Residence on Wade FARM  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 5 weeks  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME MARY EPTON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th  
year 1941 hour \_\_\_\_\_ minute 5:30 P. M.

21. I hereby certify that I attended the deceased from no doctor  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex FEMALE 5. Color or race 3 COL 6. (a) Single, widowed, married, divorced N.K.

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Evelene Clay - Bell Stead & Beulah Stead present when deceased died

8. AGE: Years Months Days If less than one day

About 60 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to from information received sick one week

Due to Gardner Weakness & Influenza

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Yuma TENN  
(City, town, or county) (State or foreign country)

Duration \_\_\_\_\_

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Cotton Picker

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Evelene Clay

(b) Address Wade farm - Wyatt Mo

17. (a) Burial (b) Date thereof 1-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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? 715

18. (a) Signature of funeral director Lain Nunn

(b) Address Charleston, Mo

19. (a) 1-4-41 (b) F. J. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature Maria Shelby (M. D. or other) \_\_\_\_\_

Address East Prairie, Mo. Date signed 1/5/41

RECEIVED  
District Health Officer No. 2  
District File Number 241-177  
Date Recd 2/7/41

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**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.....

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.**