

FILED DEC 12 1941

State File No.

Registration District No. 1099

Primary Registration District No. 2868

Registrar's No.

1. PLACE OF DEATH:

(a) County Peppanont Little River Twp
(b) City or town Rural - Wardell
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peppanont
(c) City or town Rural - Wardell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kathenier Augusta Wilson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 26, 1941
(Month) (Day) (Year)

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

9. Birthplace Rural Wardell, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Mollie Wilson

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

14. Maiden name Myrtle Collier

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

16. (a) Informant Milla Wilson

(b) Address Rural Wardell, Mo

17. (a) Rural (b) Date thereof 10-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell, Mo

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 10-9-41 (b) J.P. Cressy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3
year 41 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
not stated ✓

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 2-10-41

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature R.G. Buehler (M. D., brother) M.D.

Address Wardell Date signed 10-3-41

Duration: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

12-41-2

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

MISSISSIPPI
DEPARTMENT OF HEALTH

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.