

**FILED** APR 6 1946  
Registration District No. 217

Primary Registration District No. 4329

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Wyatt, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community All of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Wyatt,  
(If outside city or town limits, write "RURAL")  
(d) Street No. House #60, Delmo Project  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ellen Vowels

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 3, 1932  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
13 3 18 hr. min.

9. Birthplace Wyatt Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl

11. Industry or business \_\_\_\_\_

12. Name Albert Vowels

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

14. Maiden name Gladys Miller  
15. Birthplace Sikeston Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Brown

(b) Address Wyatt, Missouri

17. (a) Burial (b) Date thereof 2-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cem. Charleston

18. (a) Signature of funeral director John F. ...

(b) Address Charleston, Mo

19. (a) 3-6-46 (b) Mrs. John Bondurant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Attended to Coroner 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death in fire of residence.  
Due to Gasoline thrown on live coals causing explosion throwing coals & oil all over victim and walls and floor of house. Dwelling destroyed. Body badly charred.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 18-15

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 2-21-46  
(c) Where did injury occur? Wyatt miss mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, or farm, in industrial place, in public place?  
at home

While at work? in kitchen (Specify type of place) Means of injury Burn

23. Signature John F. ... M. D. or other Prone  
Address Charleston Mo Date signed 2-22-46

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

9089

RECEIVED

District Health Office No.

District File Number 446-44

Date Filed 4-4-46

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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.

*Body not embalmed*

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.**