

Registration District No. 533 Primary Registration District No. 3027 Registrar's No. 90

1. PLACE OF DEATH: Nov 20 1939
(a) County Macon
(b) City or town Macon (Macon Town)
(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 _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Macon, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 300 Douglas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Della A. White 3071
(b) If veteran, name war No. _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4th.
year 1939 hour 3:30 P. Minute 1939 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ben F. White 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November 23, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 17, 1939 to Oct. 4, 1939
that I last saw her alive on Oct. 3, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 10 11 hr. _____ min.

Immediate cause of death Thrombosis of Cerebral arteries Duration 5 days
Due to Myo-Cardial degeneration
Due to ?

9. Birthplace Haysville, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 93C

11. Industry or business _____
12. Name Wm. H. Eagle
13. Birthplace Londonville, Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Naylor
15. Birthplace Haysville, Ohio (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature L. E. Eagle
(b) Address Macon, Mo.
17. (a) Daniel (b) Date thereof 10/7/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cem.
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Mo.
19. (a) 11/1/39 (b) Seaton Hewitt
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature A. L. Cambre M.D. (D. or other) _____
Address Macon, Mo. Date signed 10-17-39

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

REV. 8-1-39 I 11981

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1996

Date Filed NOV 8 1939

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 *[Signature]*

Licensed Embalmer No. 4066

P. O. Address *[Signature]*

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, above space should be left blank.