

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

Rev. 5-17-39 I 19351

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.

DEC 13 1939
Registration District No. _____

Primary Registration District No. **5116**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town RURAL
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County BOONE
(c) City or town STURGEON, - RURAL
(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. _____ years.

3. (a) PRINT FULL NAME

SUSAN MARY WHITE

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 WIDOW

6. (b) Name of husband or wife _____

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

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

June 10 1854

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>5</u>	<u>16</u>	hr. min.

9. Birthplace

Plattsburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Huf. 0

11. Industry or business

12. Name Franky White
13. Birthplace Mo.
14. Maiden name Ann Dorsey
15. Birthplace Mo.

16. (a) Informant's own signature

Blenda Clifton

(b) Address

Clark, Mo. R.F.D

17. (a) Burial

(b) Date thereof Nov. 27 1939

(c) Place: burial or cremation

Purche

18. (a) Signature of funeral director

Barnes & Booth

(b) Address

Sturgeon, Mo.

19. (a) Nov. 28 - 1939

(b) altho

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1939 hour 11-30 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 15-39
1939, to Nov 26, 1939;
that I last saw him alive on Nov 20, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hy febrile pneumonia 4 days
Due to Cerebral Haemorrhage

Due to _____
Other conditions gall
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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. Woods (M. D. or other) _____
Address Clark, Mo. Date signed 11-28-39

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.....

W E Boothe

Licensed Embalmer No.....

4087

P. O. Address.....

Sturgeon, Mo.

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.