

LED JAN 25 1941

Registration District No. 249

Primary Registration District No. 4149

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Coffey
(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 Life
years, months or days) 21

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Coffey, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1940 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw her alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemiplegia Duration 4 days

3. (a) PRINT FULL NAME Sallie Blanch White

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married; divorced Widowed

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

7. Birth date of deceased December 3 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation School Teacher

11. Industry or business _____

MOTHER FATHER

12. Name James L. Davisson /
18. Birthplace Unknown Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Lamma
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Evans
(b) Address Maysville, Mo.

17. (a) Burial (b) Date thereof 12-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey, Mo.

18. (a) Signature of funeral director Hope Burn. & Und. Co.
(b) Address Gallatin Missouri

19. (a) Dec 26 1940 (b) Mrs. H. Cunningham
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(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? _____

23. Signature J. G. Graham M.D. (M. D. or other) _____
Address Jackson Mo. Date signed 12-26-40

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

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Fall River, Ma

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.