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7-39
X23159

FILLED APR 21, 1941

Registration District No. 2

Primary Registration District No. 205

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

1. PLACE OF DEATH:

(a) County Andrew,

(b) City or town Savannah,

(c) Name of hospital or institution: Savannah, Mo. (413 No. 3rd.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 years,
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Almeda 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 Married,

6. (b) Name of husband or wife William H. White, | 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 3th. 1867,
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 11 | If less than one day
hr. min.

9. Birthplace Rosendale, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Wright,

13. Birthplace Unknown, Iowa, 1
(City, town, or county) (State or foreign country)

14. Maiden name Jerussia Yates,

15. Birthplace Unknown, Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant L. D. White

(b) Address St. Joseph, Mo.

17. (a) Burial | (b) Date thereof 3/21/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cemetery,

18. (a) Signature of funeral director Frank A. Bousman

(b) Address Savannah, Mo.

19. (a) Mar 21-41 | (b) Mrs Jennie Rash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew,

(c) City or town Savannah,
(If outside city or town limits, write "RURAL")

(d) Street No. 413 No. 3rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th.
year 1941 hour 11:00 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb 24, 1941 to March 19, 1941
that I last saw her alive on March 19th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis | Duration _____

Due to Arteriosclerosis years _____

Due to _____

Other conditions A26
(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? 934

While at work? _____ | (e) Means of injury _____

23. Signature J. C. Koshor | (M. D. or other) MD
Address Savannah, Mo. | Date signed 3/20/41

MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
DIVISION OF VITAL RECORDS

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
63 years

1931
11:00
1931

Mary Almada White
None

Female White Married

William M. White
MARCH 30, 1937

MISSOURI
11 0 74
MARIETTA

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 3-19-

working under my personal supervision. Registered Apprentice No. _____

Signed Wm E Summerfield
Licensed Embalmer No. 3007
P.O. Address 319 So. 10 St. Jay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.