

No. 2-12-40
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 11 1941

Registration District No. 598

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4355

State File No. 25677

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 June
years, months or days

3. (a) PRINT FULL NAME GERTHDE T. WHITE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dallas White

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 18 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Porter A. Kin

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

14. Maiden name Mary A. Peoples

15. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dallas White

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Aug 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Kinville

18. (a) Signature of funeral director J. F. Kidwell

(b) Address Versailles, Mo.

19. (a) 8-4-1941 (b) Will F. Berry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Versailles
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from July 1 to July 31, 1941
that I last saw her alive on July 31, 1941
and that death occurred on the day and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Probable duration several yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 J. L. Washburn (M. D. or other) MD

Address Versailles, Mo. Date signed 8-1-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

ADG

91944

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Beacon*

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.