

FILED

DEPARTMENT OF COMMERCE
AU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12-2-c
18-11-26401
State File No.

Registration District No. 842

Primary Registration District No. 6006

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone County

(b) City or town Halena

(c) Name of hospital or institution: Washington Hosp
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution about thirty yrs
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 108

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth White

3. (b) If veteran, name war

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 1 minute 30 P.

4. Sex F 5. Color or race wh

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 10 years (Month) (Day) (Year)

7. Birth date of deceased Aug 1862
(Month) (Day) (Year)

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

Immediate cause of death Hemorrhage from gastric ulcer

8. AGE: Years 78 Months 11 Days 13 If less than one day hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 118.3

9. Birthplace Stone Co. Ark (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Unknown - Potts

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

14. Maiden name Mary - ?

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

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Nellie Adams

(b) Address Halena, Mo

17. (a) Halena (b) Date thereof July 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director Walter J. Cheatham

(b) Address Halena, Mo

19. (a) July 23 '41 (b) Nellie Ironley
(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? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed July 22-41

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

4
00
0

RECEIVED

District Health Officer No. 6,

District File Number 841-1297

Date Filed AUG 6 1941

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.....

Ereth J. Cheatham

Licensed Embalmer No.....

3870

P. O. Address.....

Galena, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26401

Registration District No. 843

Primary Registration District No. 6106

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone County
(b) City or town Galena rural
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Elizabeth White

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced wid

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)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7.23 '41 (b) Nellie Ironly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town Galena rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country - usa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day _____ Year 1941 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

