

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 1 1942
Registration District No. 469

Primary Registration District No. 5633

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Laurie
(b) City or town mt vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 632 days
(Specify whether
In this community 632 days
years, months or days)

3. (a) PRINT FULL NAME Betty White

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wells White 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 61 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business.

MOTHER FATHER { 12. Name Frank martin
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Stella Hodge
15. Birthplace Polk Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Record Clerk
(b) Address Missouri State San

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director 913 Chaffin
(b) Address 974rd mo

19. (a) 3-25-42 (Date received local registrar) (b) Andy Cooper (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Osark
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1942 hour 4:30 minute a M

21. I hereby certify that I attended the deceased from July 5
1940 to Mar 28 1942
that I last saw her alive on March 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc
Duration Ever
3 yrs

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1381

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 Esther E. Callahan (M. D. or other) (1)
Address Mo State Sanat Date signed 3-28-42

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

065

RECEIVED

District Health Officer No. 6,

District File Number 442-460

Date Filed APR 9 1942

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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. 11181

Registration District No. 469

Primary Registration District No. 5633

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: ms State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 632 days
(Specify whether years, months or days)

In this community 432 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Ogark R1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March Day 28 Year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 5, 1941 to March 28, 1942 that I last saw her alive on March 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmo Tube

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

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

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

8. AGE: Years 61 Months - Days - If less than one day _____ min.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Frank Martin

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

14. Maiden name Mary Crata

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

16. (a) Informant E McMichael

(b) Address State Inn. mt Vernon

17. (a) Ogark Mo (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Highland Mo

18. (a) Signature of funeral director Chas Chaffin

(b) Address Ogark Mo

19. (a) 3-29-42 (b) Andy Crata (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? _____

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

23. Signature Chas C Coffman (M. D. or other) _____

Address mt Vernon Mo Date signed 3/2/42

Duration 3 yr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

S-11181-1942