V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1942

Registration District No. 337

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38286

Primary Registration District No. 4499

Registrar's No. 98

102
2
0

1. PLACE OF DEATH:

(a) County: Shelby

(b) City or town: Shelbina Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / x
(If not in hospital or institution, write street number or location)

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

In this community: All her life

2. USUAL RESIDENCE OF DECEASED: 102

(a) State: Missouri (b) County: Shelby 2

(c) City or town: Shelbina Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: x 0

3. (a) PRINT FULL NAME: Annie Laura White

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: x

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

7. Birth date of deceased: Aug. 26th, 1877 (Month) (Day) (Year)

8. AGE: Years 65 | Months 1 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace: Shelby Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: x

FATHER
12. Name: John Milton Sears
13. Birthplace: Howard Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Amanthis Burks
15. Birthplace: Mercer Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant: Ercil White
(b) Address: Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-25-'42 (Month) (Day) (Year)

(c) Place: burial or cremation: Shelbina Mo. I.O.O.F

18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Shelbina Mo.

19. (a) Nov 2, 1942 (Date received local registrar) (b) Mae Gooch (Registrar's signature)

1070 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 23 year: 1942 hour: 3 minute: 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 3, 1942, to Oct. 23, 1942; that I last saw him/her alive on Oct. 23, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute nephritis.	3 wks.
Due to: chronic nephritis	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 131 b	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: A. L. Caldwell (M. D. or other) D.O.

Address: Shelbina Mo. Date signed: Oct 24-42

RECEIVED
District Health Officer No. 10
District File Number 11-42-3008
Date Filed NOV 17 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 E W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina - 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.