

FILED JUN 11 1948

279

597

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Eolia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME

Julia A. White

3. (b) If veteran, name was _____

no

3. (c) Social Security No. _____

none

4. Sex Female race White

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

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased Sept. 8 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Barney Rooks
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Retha Pife
 15. Birthplace Linsden Co Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Cleve White

(b) Address Elberry Mo.

17. (a) Burial (b) Date thereof May 20 1948
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Goost & Davis Co

(b) Address Eolia Mo.

19. (a) May 1944 (b) B. M. Goost Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
 (c) City or town Eolia
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 43 hour 5 minutes 55 A. M.

21. I hereby certify that I attended the deceased from Jan. 15
1943 to May 19 1943
that I last saw her alive on May 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____
Due to H6f

Other conditions (Include pregnancy within 3 months of death)
Possible carcinoma of liver
Major findings: _____
Of operations _____

Of autopsy None

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 _____

Signature Dr. D. G. Hazzard (M. D. or other) MD
Address Eolia, Mo. Date signed 5-20-43

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

RECEIVED

District Health Officer No. 10

District File Number 6-43-1066

Date Filed JUN 10 1943

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 Norman E. Hoek

Licensed Embalmer No. 2342

P. O. Address Galva, 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.