

S. No. 2
DM-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42375**

FILED JAN 9 3 1945

Registration District No. _____

Primary Registration District No. **14552**

Registrar's No. **121**

1. PLACE OF DEATH: **Wright**

(a) County **Wright**

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

(c) Name of hospital or institution: **No**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

In this community **70 Years**

3. (a) PRINT FULL NAME **ROSA LEE WHITE**

3. (b) If veteran, **NO** name war. _____

3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **John L. White** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Feb 4 - 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	13	hr. _____ min. _____

9. Birthplace **Kansas City, Missouri** (1)
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles K. Shannon**

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

14. Maiden name **Mary Jane Bowers**

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

16. (a) Informant **John L. White**

(b) Address **Mtn. Grove, Mo.**

17. (a) **Burial** (b) Date thereof **12/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial Lone Star**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Mtn. Grove, Mo.**

19. (a) **1-5-45** (b) **H.M. Lawler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Wright** **114**

(a) State **Missouri** (b) County _____

(c) City or town **Mountain Grove** **1**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**
year **1944** hour **5:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **12/10/44**, 19____, to **12/17-44**, 19____;
that I last saw her alive on **12/16-44**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Flu and obstruction of bowels**

Due to _____

Due to **336**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 **0**

23. Signature **R.A. Ryan** (M. D. or other) _____

Address **Mtn. Grove, Mo** Date signed **12/27-44**

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

14
1
0

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 Lawrence L. Hall
Licensed Embalmer No. 2784
P. O. Address Wainwright

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.