

FILED JAN 19 1945

Registration District No. **316**

Primary Registration District No. **3060**

Registrar's No. **263**

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

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Farmington**
(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) **1**

(d) Length of stay: In hospital or institution **25 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cora Lee White**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M**

5. Color or race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **May 10 1877**
(Month) (Day) (Year)

8. AGE **67** Years **7** Months **20** Days
If less than one day hr. _____ min.

9. Birthplace **near Libertyville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housekeeper**

11. Industry or business _____

MOTHER { 12. Name **James Polk White**

FATHER { 13. Birthplace **St. Francois Cty Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Ham**

15. Birthplace **near Libertyville Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Martha White**

(b) Address **318 6th St. Farmington**

17. (a) **Burial** (b) Date thereof **1/1/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview**

18. (a) Signature of funeral director **Farmington, Missouri**

(b) Address **Farmington, Missouri**

19. (a) **1-2-45** (b) **J. J. Tolens**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**

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

(d) Street No. **318 Sixth**
(If rural, give location) **110**

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**
year **1944** hour _____ minute **6** P. M.

21. I hereby certify that I attended the deceased from **April 1** 19**44** to **Dec 30** 19**44**,
that I last saw h. **ea.** alive on **Dec 28** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulber Paralysis**

Duration **9 mo.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **g2:11**

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 **Geo. L. Watkins** (M. D. or other) _____
Address **Farmington Mo.** Date signed **1-1-45**

SECTION OF HEALTH OFFICER

District Health Officer No. 4

District File Number 145-104

Date Filed 1-16-45

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..... *C.H. Cozart*.....
Licensed Embalmer No. 4084
P. O. Address..... *Lawrence, 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.