

FILED FEB 16 1945
Registration District No. 83

Primary Registration District No. 5750

Registrar's No. 9

3800
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD!

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon *71. 10*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium *0*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Malden *35-*
(If outside city or town limits, write "RURAL")
(d) Street No. 206 South Douglas St. *3*
(If rural, give location) *1*
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Letha Leona White

3. (b) If veteran, name war no 3. (c) Social Security, No. 499-22-7701

4. Sex Female 5. Color or race White 6. (a) Single, married, divorced, widowed
6. (b) Name of husband or wife Edward White 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased February 19 1919
(Month) (Day) (Year)

8. AGE: Years 25 Months 11 Days 2 If less than one day
hr. min.

9. Birthplace Union Town Ship Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife & Shirt factory

11. Industry or business _____

12. Name Elmer Cullum

13. Birthplace Indiana Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Leona Lamunion

15. Birthplace Indiana Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mount Vernon, Mo.

17. (a) Removal (b) Date thereof July 22-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Removal Campbell mo

18. (a) Signature of funeral director Geo B Carr
(b) Address Mount Vernon mo

19. (a) 1-27-45 (b) Andy Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1945 hour 9 minute 42 P.M.

21. I hereby certify that I attended the deceased from January 8 1945 to Jan. 21 1945;
that I last saw h. er alive on January 21 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. over 1 yr
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1 3/4

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 U. F. Foychawa (M. D. or other) MD
Address Mount Vernon, Mo Date signed 1/21/45

1538

RECEIVED

District Health Officer No. 81
District File Number 245-224
Date Filed FEB 15 1945

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.....

Licensed Embalmer No. 946

P. O. Address

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.