

FILED MAR 23 5 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 23

Primary Registration District No. 5345

Registrar's No. 12

1. PLACE OF DEATH:

(a) County: Dade  
(b) City or town: Crisp (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: Dade 29  
(c) City or town: Crisp (If outside city or town limits, write "RURAL")  
(d) Street No.: Home (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country: ✓

3. (a) PRINT FULL NAME: MARY MALINDA WHITE

3. (b) If veteran, name war: NO 3. (c) Social Security No.: NO

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: 2 divorced, 1 widowed  
6. (b) Name of husband or wife: George White 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: November 3 1857 (Month) (Day) (Year)

8. AGE: Years: 88 Months: 3 Days: 10 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Seybert Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Home

11. Industry or business: Home

MOTHER FATHER { 12. Name: Neil Taylor  
13. Birthplace: Missouri (City, town, or county) (State or foreign country)  
14. Maiden name: Elizabeth Wilson  
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Chris White

(b) Address: Crisp, Mo.

17. (a) Burial (b) Date thereof: 2-16-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bald mound

18. (a) Signature of funeral director: Sam & Lawrence J.

(b) Address: Greenfield, Mo.

19. (a) 2-21-46 (b) Geo L. Weir (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 2 day: 13 year: 1946 hour: 10 minute: P. M.  
21. I hereby certify that I attended the deceased from 2-6-46 to 2-13-46 1946  
that I last saw her alive on 2-6-46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: 162b

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: J. D. Cowan (M. D. or other)

Address: Greenfield Mo. Date signed: 2-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4083

29 00

**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 Sam L. Lawrence Jr.

Licensed Embalmer No. 4099

P. O. Address Sheffield 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.**