No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44226

FILED FEB 3 1948

Registration District No. 100

Primary Registration District No. 5383

Registrar's No. 5

1. PLACE OF DEATH:
(a) County DENT
(b) City or town RURAL
(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 ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 33
(a) State MISSOURI (b) County DENT
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR JADWIN, MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME SARAH ADA WHITE
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife JOSEPH WHITE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased MAY (Month) 31 (Day) 1865 (Year)

8. AGE: Years 82 Months 6 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) TENN (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business .....

FATHER
12. Name TOM HARMON
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MASON
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant Chas. Harman
(b) Address SALEM, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation NEW HOPE CEM
18. (a) Signature of funeral director Carl H. Spencer
(b) Address SALEM, MO
19. (a) 1-21-48 (Date received local registrar) (b) M.M. Hart, M.D. by Eg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20 year 1947 hour 3:55 minute A. M.
21. I hereby certify that I attended the deceased from 12-19-47 ....., 19....., to 12-20-47, 19.....; that I last saw her alive on 12-20-47, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart Disease	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Joseph R Burnett (M. D. or other) D.O.
Address Salem, Mo Date signed 12-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1488
Date Filed 1-29-48

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.