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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3842

Registration District No. ____ Primary Registration District No. 3000 Registrar's No. 66

1. PLACE OF DEATH

(a) County: Clair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green-Smith (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 days (Specify whether years, months or days)
In this community: 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Sullivan 105
(c) City or town: Green City (If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME: Susan Edith 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: m. 1
6. (b) Name of husband or wife: Ester White
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: 11 (Month) 9 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
53	3	15	hr. min.

9. Birthplace: Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
MOTHER 12. Name: J. W. Gill
FATHER 13. Birthplace: Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lodema Watson
FATHER 15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Howard E. White
(b) Address: Green City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet
18. (a) Signature of funeral director: Glenn E. Kent & Son
(b) Address: Green City, Mo.
19. (a) 3-1-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 24 year: 1948 hour: 11 minute: A.M.
21. I hereby certify that I attended the deceased from Feb. 9-48 to Feb-24 1948, that I last saw her alive on 2/24 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pelvic abscess	4 weeks.

Major findings: Of operation: Sarcoma, pelvis
Of autopsy: 528

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) 0
While at work? ____ (e) Means of injury ____
23. Signature: J. J. Kipp (M. D. or other) MD
Address: Kirksville, Mo. Date signed: 2/24/48

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

RECEIVED
District Health Officer No.
District File Number 3-48-4
Date Filed MAR 8 1948

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Grand City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.