

FILED SEP 21 1948

Registration District No. 178Primary Registration District No. 5659

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lewis
 (b) City or town RURAL CANTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether

In this community 35 yrs. (Specify whether
years, months or days)3. (a) PRINT FULL NAME LAURA Helen White3. (b) If veteran, name war. No 3. (c) Social Security No. None4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Charles White 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased 19 Febr 1 1896
(Month) (Day) (Year)8. AGE: Years 52 Months 7 Days 16 If less than one day hr. min.9. Birthplace Meyer Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name DAVID Powell13. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)14. Maiden name ELIZA JANE TOMPKINS15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Chas. White(b) Address CANTON Missouri17. (a) BURIAL (b) Date thereof 9/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Canton Missouri18. (a) Signature of funeral director Carol Strickley(b) Address Canton Mo.19. (a) 9-17-48 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1948 hour 12 minute 15 A. M.21. I hereby certify that I attended the deceased from Sept. 7 1948 to Sept. 16 1948
that I last saw her alive on Sept. 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration
in my opinion based on
history of case - patient
was dead a few minutes
before doctor arrived.
 Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)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 P. W. Jennings (M. D. optional)Address Canton Mo. Date signed 9/17/48

RECEIVED

District Health Officer No. 101

District File Number 948164

Date Filed SEP 20 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.

Signature.....

Licensed Embalmer No. 2615

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.

Registration District No. 178

Primary Registration District No. 5-659

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural
(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)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Laura H. White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 1
(Month) (Day) (Year)

8. AGE: Years 52 Months _____ Days _____
(If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-17-48 (b) P. St. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-30299