FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35776

State File No.

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 391

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hospital
(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:
(a) State Missouri (b) County Stoddard 103
(c) City or town Puxico Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Betty White

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 2 (Day) 1866 (Year)

8. AGE: Years 82 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Stoddard Co (City, town, or county) Mo (State or foreign country) 6

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name John Brooks 0
13. Birthplace Not Known (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Not Known
15. Birthplace " " (City, town, or county) (State or foreign country) 9

16. (a) Informant Harry White 1
(b) Address Puxico Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Puxico Cemetery

18. (a) Signature of funeral director Gloyd Morgan
(b) Address Puxico Mo

19. (a) 11/30/48 (Date received local registrar) (b) B Annette (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1948 hour 8 minute — P.M.

21. I hereby certify that I attended the deceased from Nov. 12, 1948 to Nov. 15, 1948 that I last saw her alive on November 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure — Duration 11-12-48

Due to Hypertension

Due to Broncho pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

107

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 0

23. Signature W. L. Brandon, M. D. (M. D. or other)
Address Poplar Bluff, Mo. Date signed 11-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1241-1626
Date Filed 12-6-41

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 Ira E. Meadows Registered Apprentice No. 250, working under my personal supervision.

Signed Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advance 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.