

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**36141**  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Lawrence Registration District No. 470  
 (b) Township W. Harrison Primary Registration District No. 2543B  
 (c) City St. Norman (d) Street No. Missouri State Van Registered No. 119  
 (e) Length of residence in city or town where death occurred yrs. 3 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Georgia Whitt  
 (a) Residence, No. Local Springs Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lissie Whitt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1914  
 7. AGE YEARS 24 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Nov 1937  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) Carlton (STATE OR COUNTRY) Missouri  
 13. NAME Clarence Under  
 14. BIRTHPLACE (CITY OR TOWN) Carlton (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Helena Whitt  
 16. BIRTHPLACE (CITY OR TOWN) Gallatin (STATE OR COUNTRY) Missouri  
 17. INFORMANT (NAME AND ADDRESS) Mrs. Michael R. Reed, 411 Missouri State Sanatorium  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo. DATE Oct. 3, 1938  
 19. FUNERAL DIRECTOR (NAME AND ADDRESS) Hope Undertaking Co. Gallatin, Mo.  
 20. FILED Oct. 31, 1938 P. A. Holmes Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to Oct 2, 1938. I last saw her alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia Abscess of Lung  
 Date of onset  
 Other contributory causes of importance: 23  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Charles J. McCreary M. D.  
 (Address) St. Norman

RECEIVED

District Health Officer No. 6,

District File Number 6-38-478

Date Filed NOV 4 1938

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**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.....

Licensed Embalmer No.....

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, above space should be left blank.**