

REC'D FEB 25 1939

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

3184
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 598
(b) Township Morgan Primary Registration District No. 4355 Registered No. 3
(c) City Versailles (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

BONNIESSIE C. White
(a) Residence, No. Maple Street 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

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 Frank A. White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7th 1953
7. AGE YEARS 85 MONTHS 2 DAYS 28 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

FATHER 13. NAME James L. Platt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York, N.Y.

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Frank A. White Versailles, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles City Cemetery DATE Jan 8th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. K. dwell Versailles, Mo.

20. FILED 2-1 1939 Wall & Berry Local Registrar. 840

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938 to Jan 5, 1939
I last saw her alive on Jan 5th, 1939 Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast Date of onset 50

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify _____
(Signed) W. F. K. dwell, M. D.
Versailles Mo (Address)

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No.

District File Number 7-39-2

Date Filed 2-9-3

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, _____

W. F. Kidwell

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

W. F. Kidwell

Licensed Embalmer No. 1596

P. O. Address Wassailho, 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, above space should be left blank.