

REC'D MAR 15 1939

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

5744
Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW Registration District No. 13
(b) Township ANDREW Primary Registration District No. 4010
(c) City SAVANNAH (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 300 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. MARY WYATT WHITE

(a) Residence, No. 607 CHESTNUT 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 MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN K. WHITE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 12 - 1863
7. AGE YEARS 75- MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. AT HOME
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) ANDREW MO (STATE OR COUNTRY) MO

FATHER 13. NAME WYATT COMBEST 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) UNKNOWN
MOTHER 15. MAIDEN NAME MARY SHEPHERD 16. BIRTHPLACE (CITY OR TOWN) ANDREW MO (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) John K. White - Savannah mo
18. BURIAL, CREMATION, OR REMOVAL PLACE FLAG SPRINGS DATE 2-26-39
19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO
20. FILED 2/24/39 Miss A. R. King Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 22 1939
22. I HEREBY CERTIFY, THAT I attended deceased from Jan 1 1939 to FEB 22 1939, 1939
Last saw her alive on FEB 22 1939 Death is said to have occurred on the date stated above, at 7:50 PM
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Cerebral Embolism
Other contributory causes of importance: 920
Coronary Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Walter D. Myler, M. D.
120 (Address) Savannah mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

District File Number 39-21

Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhine, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. Fred Turhine
Licensed Embalmer No. 1279

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.)