

WHILE FADING INK---THIS IS A PERMANENT RECORD

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.

1939 JUL 14 1939

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

22407
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 655
(b) Township Virginia Primary Registration District No. 3872
(c) City _____ (d) Street No. _____ St. _____
(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 Martha Jane White

(a) Residence, No. _____ 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 R. H. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6--25--1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Wayne Co / Tenn
(STATE OR COUNTRY)

FATHER 13. NAME Berry Dildine /

14. BIRTHPLACE (CITY OR TOWN) Lawrence Co / Tenn
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jane Robson

16. BIRTHPLACE (CITY OR TOWN) Lawrence Co / Tenn
(STATE OR COUNTRY)

17. INFORMANT R. H. White
(ADDRESS) Steele, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins Ceme DATE 4--25-- '39

19. FUNERAL DIRECTOR (NAME) German Undt Co
(ADDRESS) Steele, Missouri

20. FILED 39 L. J. Johnson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4--24-- '39

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1936 to April 24, 1939
I last saw her alive on Sept. 19, 1938 Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension.
Other contributory causes of importance: stroke

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) R. S. Cooper, M. D.
587 (Address) Cooter, Mo.

RECEIVED

District Health Officer No. 3,

District File Number 739-418

Date Filed 7/10/39

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.