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.

JAN 8 1940

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

43830
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette
(b) Township Clay
(c) City Odessa, Mo
Registration District No. 464
Primary Registration District No. 4277
Registered No. 54
(d) Street No. 300 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Elizabeth White
(a) Residence, No. Odessa, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Lewis White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1865
7. AGE Years 74 Months 7 Days 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Adam Carter Co. Kentucky

FATHER
13. NAME Jasper M. Garland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adam Carter Co. Ky.

MOTHER
15. MAIDEN NAME Catherine Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adam Carter Co. Ky.

17. INFORMANT (ADDRESS) Mrs Ida Morgan Odessa, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Barker Cem. DATE 12/17 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blister & Son Odessa Mo.
20. FILED 12-16 1939 Mrs E. M. Goodwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1939 to Dec 15 1939
I last saw h. alive on Dec 15 1939 Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gall Bladder Attack & Rupture of Gall Bladder	

Other contributory causes of importance: 126

Name of operation Denied Date of
What test confirmed diagnosis? 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) R. C. Schaeffer, M. D.
(Address) Odessa Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/5/40

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 Horace Blinne

Licensed Embalmer No. 2758

P. O. Address Odessa Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.