

Registration District No. 443

Primary Registration District No. 4261

Registrar's No. 8

1. PLACE OF DEATH:
(a) County Knos
(b) City or town Hurdland
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Knos
(c) City or town Hurdland
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Bashie White 301.
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30
year 1940 hour 7 pm minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Feb 1 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 30, 1940, to Jan 30, 1940, that I last saw her alive on Jan 20, 1940, and that death occurred on the date and hour stated above.
Immediate cause of death Sudden death
Cause unknown

8. AGE: Years 74 Months 11 Days 29 If less than one day
_____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Edina Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business _____
12. Name Richard White
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Dolan
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Jamie White
(b) Address Edina Mo.
17. (a) St. Joseph's Cem. (b) Date thereof Feb 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cem. Edina Mo.
18. (a) Signature of funeral director Paul G. Kriegerhauser
(b) Address Edina Mo.
19. (a) Jan 31/40 (b) Mrs. C.M. Smith
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Ch. E. Luman (M. D. certifying)
Address Edina Mo Date signed Jan 31/40

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. 10

District File Number 2-40-292

Date Filed FEB 5 1940

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 Paul C. Kriephauser
Licensed Embalmer No. 4085
P. O. Address Edina 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.