

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden Mo.

(c) Name of hospital or institution: Home 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life \_\_\_\_\_ (Specify whether  
years, months or days) 2 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Malden  
(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 Lula Pauline White

(b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12  
year 1940 hour 2 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 6 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6, 1940 to March 12, 1940 that I last saw her alive on March 12, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Obstruction of bile duct Congenital

Duration \_\_\_\_\_

9. Birthplace Mo. Malden  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

12. Name Clarence White

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brewer

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Father C White

(b) Address Malden Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar. -13-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden

(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? 269  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Friends

(b) Address Malden Mo.

23. Signature Homer Beall (M. D. certificate) \_\_\_\_\_

Address Malden Mo Date signed 3-13-40

19. (a) 3/13/1940 L.S. Mitchell  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5880

**RECEIVED**

District Health Officer No. **2**

District File Number **440-880**

Date Filed **4/5/40**

**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.....

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.**