

Registration District No. 3340

Primary Registration District No. 5340

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hauell
(b) City or town Rural Dry Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hauell
(c) City or town Panama
(If outside city or town limits, write "RURAL")
(d) Street No. R 2 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Molly Victoria White 307

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Columbus L. White 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 16 1958
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Campbellville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Robert B. Steger

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

14. Maiden name Hannah Dent

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

16. (a) Informant Cecil White

(b) Address Panama Mo.

17. (a) Burial (b) Date thereof 3-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Creek Cemetery

18. (a) Signature of funeral director T. B. Burns

(b) Address Willow Springs Mo.

19. (a) 3-27-40 (b) Doral Cagle 347
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1940 hour 11² minute 20 P M.

21. I hereby certify that I attended the deceased from 7/17, 1939, to 3/20, 1940
that I last saw her alive on 3/20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cerebral apoplexy 4 days
Due to Chr. Interstitial nephritis 10 yrs
Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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 Maurice Haupt (M. D. or other) MD
Address West Plains Mo. Date signed 3/27/40

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

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.

RECEIVED
working under my personal supervision.
District Health Officer No. 5,

District File Number 440457

Date Filed 5/1/40

Signed J. R. Burns

Licensed Embalmer No. 1837

P. O. Address Willow Springs 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.