DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

11596

State File No.

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 34

**1. PLACE OF DEATH:**

(a) County Livingston

(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 601½ Webster (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Seventy six years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe (If outside city or town limits, write "RURAL")

(d) Street No. 113 Herriman (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bethaney White

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 Ark White (d)

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

7. Birth date of deceased June (Month) 19 (Day) 1857 (Year)

8. AGE: Years 82 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Minnesota (State or foreign country)

10. Usual occupation At Home

11. Industry or business Retired Grocer

FATHER
12. Name Joseph Amey
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Schmmehorn
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Mrs. Rhoda Bowman

(b) Address Chillicothe, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-'40 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman

(b) Address Chillicothe, Mo.

19. (a) 3-7-40 (Date received local registrar) (b) H Mcnaw, M.D (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mch day 5 year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan-24-1940 ~~Feb~~, 1940, to Mch 5-, 1940, that I last saw her alive on Mch 5-, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Vascular Hypertension

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Reuben Berney (M. D. or other)

Address Chillicothe Mo Date signed 3/9/1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 11
District File Number 440-597
Date Filed APR 16 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 Elton F. Norman & E. R. Norman (2374), Registered Apprentice No. , working under my personal supervision.

Signed Elton F. Norman.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.**