DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15271

State File No.

FILED MAY 13 1940

Registration District No. 4443

Primary Registration District No. 4261

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: 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 53 yrs years, months or days) 300

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox

(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 Jane White

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

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 Nov (Month) 24 (Day) 1870 (Year)

8. AGE: Years 69 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Richard White 5
13. Birthplace Ireland (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Rebecca Dolan
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E R Simott

(b) Address Edina Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 1940 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ St Joseph's Cem.

18. (a) Signature of funeral director Basil Kriegshauser 375

(b) Address Edina Mo

19. (a) April 6 1940 (Date received local registrar) (b) Mrs E M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1940 hour minute a M.

21. I hereby certify that I attended the deceased from May 1, 1939, to April 5, 1940; that I last saw her alive on April 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung following Carcinoma of the Breast Three years ago — Duration 1 yr.

Due to

Due to

Other conditions None 50 (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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 H. S. Lemau (M. D. ~~or other~~)

Address Edina Mo Date signed 4/5/40

(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.

I X19511

RECEIVED
District Health Officer No. 10
District File Number 5-40-958
Date Filed MAY 6 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. Kriegshauser

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.