

8. No. 2
-11-10-38
v. 5-17-38
-1 x276

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19759

State File No. _____

JUN 14 1940 849

Primary Registration District No. 6114B

Registrar's No. 28

05
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Rural Penn Township
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 47 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Hannah Emeline White 301

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife James D. White 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 3 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 3 hr. _____ min.

9. Birthplace Sullivan Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Housewife

11. Industry or business On farm

12. Name Conkin

13. Birthplace Don't know Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant H. O. White

(b) Address Green City, Mo

17. (a) Burial (b) Date thereof May 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morelock Cemetery

18. (a) Signature of funeral director Wm. G. Neel
(b) Address Green City, Mo

19. (a) May 31, 1940 (b) Virginia Gibson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Sept
1939 to May 6, 1940
that I last saw her alive on May 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Tongue
and Throat

Due to _____
Due to _____
Other conditions (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?

771
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Neumeyer M.D. (M. D. or other) 1
Address Green City, Mo Date signed 5/7/40

45
RECEIVED

District Health Officer No. 10

District File Number 6-40-1119

Date filed JUN 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 Archis W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19759

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 849

Primary Registration District No. 6114 B

Registrar's No. 28

ROWENA MOORE

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Green T.P.
(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 _____
(years, months or days)

3. (a) PRINT FULL NAME Hannah Emeline White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years <u>82</u>	Months <u>11</u>	Days <u>3</u>	If less than one day _____ hr. _____ min.
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9. Birthplace _____
(City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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.

20. DATE OF DEATH: Month May day 6
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of tonsils and throat *Duchon*

Due to Started in Tonsil on Right side close to the Pillar

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 45
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 W. Herrington (M. D. or other) _____
Address Green City Mo Date signed _____

SUPPLEMENTAL

MOTHER FATHER

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

