S. No. 2
—11-10-39
r. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG JUL 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21474

State File No.

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs (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 years, months or days) 2 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town El Dorado Springs, Mo (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 Sarah Evelyn White

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fletcher White

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept (Month) 27 (Day) 1861 (Year)

8. AGE: Years 78 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 0

11. Industry or business

FATHER
12. Name John N Allison 0
13. Birthplace Johnson Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Leana Smith
15. Birthplace Johnson Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant John Allison

(b) Address Stockton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Spgs Mo

18. (a) Signature of funeral director Carolyn Nafus

(b) Address 206 S Main El Dorado Spgs Mo

19. (a) June 6 '40 (Date received local registrar) (b) J W Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1940 hour 9 15 minute P M.

21. I hereby certify that I attended the deceased from May 29, 1940, to June 5, 1940, that I last saw her alive on June 5, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Fracture of Hip Upper Third	
Due to Fall off of Porch	
Other conditions Suppression of Urine (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1860 1 8 1 0
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) accident

(b) Date of occurrence May 29 1940

(c) Where did injury occur? El Dorado (City or town) Cedar (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Elat Home (Specify type of place)

While at work? yes (e) Means of injury fall

23. Signature M. P. Ruzelon (M. D. or other) 1

Address El Dorado Springs Date signed June 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-40-1023
Date Filed 7-9-40

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 Carolyn Nafus

Licensed Embalmer No. 2635

P. O. Address El Dorado Springs

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.