

No. 2  
1-13-40  
-17-39  
X22159

STANDARD CERTIFICATE OF DEATH

32400

State File No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 4380

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Aurora Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hrs.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrance  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 118 E. Springfield St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Georgia Mae 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 3 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 7 hr. \_\_\_\_\_ min.

9. Birthplace Aurora \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name George B. White  
13. Birthplace Aurora Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Marie Maudlin  
15. Birthplace Wilburton, Okla.  
(City, town, or county) (State or foreign country)

16. (a) Informant George B. White  
(b) Address Aurora, Missouri

17. (a) Burial (b) Date thereof Sept. 4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park Cem.

18. (a) Signature of funeral director R. D. Cowan 418  
(b) Address Aurora, Mo.

19. (a) 10-1-40 (b) R. D. Cowan M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3  
year 1940 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 2, 1940, to Sept 3, 1940; that I last saw her alive on Sept 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia + 6 hrs Monotonum

Due to Premature Birth 159

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 154

Major findings: Of operations no  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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 R. D. Cowan (M. D. or other) MD  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

7 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1040-2661

Date Filed OGT 7 1940

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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.....

Not Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**