

Registration District No. 28 Primary Registration District No. 4046 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rockport
(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 entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rockport
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie White
(b) If veteran, name war _____ (c) Social Security None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 29
year 1941 hour 6 minute 30 AM.
21. I hereby certify that I attended the deceased from Mar 28, 1941, to March 29, 1941;
that I last saw him alive on March 19, 1941,
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race negro
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Prucille White alive _____ years
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: about 1887
(Month) (Day) (Year)
8. AGE: Years 52 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death: Spidermaid Lacrymation
Carcinoma of Pancreas
Due to: ancer Grade 1 of palate
Due to: _____

9. Birthplace: Rockport Mo (City, town, or county) (State or foreign country)
10. Usual occupation retired

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.

MOTHER FATHER
11. Industry or business _____
12. Name Andrew White
13. Birthplace Rockport Mo (City, town, or county) (State or foreign country)
14. Maiden name know
15. Birthplace know (City, town, or county) (State or foreign country)
16. (a) Informant Prucille White
(b) Address Rockport Mo
17. (a) Burial (b) Date thereof 4-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rockport Mo
18. (a) Signature of funeral director Stuart Parker
(b) Address Columbia Mo
19. (a) 4-14-1941 (b) Mary Mungell
(Date received local registrar) (Registrar's signature)

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 H. Mungell (M. D. or other) _____
Address Rockport Mo Date signed _____

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Stuart D. Parker

Licensed Embalmer No.

2900

P. O. Address.....

Columbus, N.

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.