No. 2
1-4-41
17-39
X2539

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25822

AUG 11 1941

Registration District No. 668

Primary Registration District No. 3032 5889

Registrar's No. 240

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia R.D.D-4 TWP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 35 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SARAH EMMA WHITE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife William R. White

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June (Month) 6 (Day) 1880 (Year)

8. AGE: Years 61 Months 6 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Benton County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER

12. Name A. J. Smith

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

MOTHER

14. Maiden name Do not know

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

16. (a) Informant Wm. R. White

(b) Address Sedalia R.R. #4

17. (a) Union (Burial, cremation, or removal) (b) Date thereof 7-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director McLaughlin Bro

(b) Address Sedalia Mo.

19. (a) 7-28-41 (Date received local registrar) Harry Snell (Registrar's signature)

906 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1941 hour 11 minute 300 M.

21. I hereby certify that I attended the deceased from July 27, 1941, to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia endocarditis — *Duration*

Due to ✓

Due to ✓ GIA

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

Major findings: Of operations ✓

Of autopsy Pneumonia Endocarditis with Double Embolism

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 N. J. Bishop Coroner (M. D. or other)

Address Sedalia Mo. Date signed 7/28/41

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed ---------- 8-6-41

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.