

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32196

Registration District No. 607

Primary Registration District No. 6862

Registrar's No. 96

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

1. PLACE OF DEATH:
(a) County Demiseot
(b) City or town "Rural" Coatesville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community Transient 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Tennessee (b) County Madison
(c) City or town Jackson
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Patton
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME MARTHA FRANCES WHITE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
year 1941 hour 18:00 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

3. (b) If veteran, name war None 3. (c) Social Security No. ?

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James W.R. White 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Sept - 25 - 1918
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years 22 Months 11 Days 25 If less than one day _____ hr. _____ min.

Due to Internal injuries & fracture skull.

9. Birthplace Lexington Tenn
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

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

11. Industry or business At home

Major findings: _____

12. Name Arthur Nelson

Of operations _____

13. Birthplace Naudersau County Tennessee
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Thelma League

PHYSICIAN _____

15. Birthplace Naudersau County Tennessee
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant W.C. McNamey

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

17. (a) Burial (b) Date thereof 9-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence Sept. 20, 1941

18. (a) Signature of funeral director J. L. La Forge
(b) Address Coatesville, Mo.

(c) Where did injury occur? 61 Highway # 4, Intersect
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public, State Maintenance Highway
(Specify type of place) (e) Means of injury Automobile Collision

23. Signature Jules V. Moore
Address North, Mo. Date signed 9/21/41

10-41-9

JUN 13 1950

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.....

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.