

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrain  
(b) City or town Mexico Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Andrain County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks 6 days  
(Specify whether years, months or days)  
In this community 30 years 2 weeks 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain  
(c) City or town Mexico Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. Whitley St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie White

3. (b) If veteran, name war L 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4 10 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 4 28 hr. min.

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

10. Usual occupation Domestic

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

12. Name James Richardson

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Milly Harden

15. Birthplace Calloway County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Spurs

(b) Address 1023 E. Whitley

17. (a) Mexico (b) Date thereof 9 10 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director Price Alexander

(b) Address 1017 N. Western St. Mexico Mo

19. (a) Sept 10 1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 8 day 8th  
year 1941 hour 3PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 31, 1941, to Sept 8, 1941,  
that I last saw her alive on Sept 8, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 10 days  
Chronic Degenerative Hypertension 10 years

Due to Niphterinal Cardiac vascular disease.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

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) 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? none

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harry F. O'Brien (M. Doctor)  
Address Mexico Mo Date signed 9-10-41

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

RECEIVED

Sanitary Health Officer No. 10

Sanitary File Number 10-41-1917

Date Filed OCT 24 1941

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Price Alexander

Licensed Embalmer No. 3572

P. O. Address Mexico Mo

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.