

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 284

Primary Registration District No. 5403

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkton  
(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 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 33

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

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Margaret Ella White

3. (b) If veteran, name war /

3. (c) Social Security No. /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th  
year 1941 hour 9.50 minute 8. M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Fabius M. White

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 10th 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/29/41  
Nov. 29th, 1941 to Dec. 15th, 1941  
that I last saw her alive on Dec. 13th, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>5</u>	<input checked="" type="checkbox"/> hr. <input checked="" type="checkbox"/> min.

Immediate cause of death Carcinoma of Cerebrum

Due to Carcinoma of eye 4 mo.

Due to carcinoma of right maxilla 1931

9. Birthplace Weatherford Texas /  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Other conditions (include pregnancy within 5 months of death)

Major findings:  
Of operations Carcinoma. 450

Of autopsy none

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

MOTHER FATHER

12. Name Thomas J. Shaw

18. Birthplace Tenn /  
(City, town, or county) (State or foreign country)

14. Maiden name Ophelia America Baldrige

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

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

16. (a) Informant's own signature [Signature]

(b) Address Clarkton Mo.

17. (a) Buriel (b) Date thereof 12/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Standfield Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 12/15/41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD

Address Clarkton Mo. Date signed 11/15

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MARK IN RESERVED FOR BINDING

Rev. 5-17-39  
U. S. G. P. 167811

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 2,

District File Number 142-70-

Date Filed 1-16-42

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.....

Gail K. Gay, Registered Apprentice No.....  
working under my personal supervision.

Signed Gail K. Gay

Licensed Embalmer No. 41551

P.O. Address Jonesboro, Ark.

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, above space should be left blank.