

FILED FEB 24 1941
328

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. _____

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

1. PLACE OF DEATH: Grundy
(a) County. Grundy
(b) City or town. Trenton, Mo.
(c) Name of hospital or institution: 1702 East 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 1/2 years (years, months or days)

3. (a) PRINT FULL NAME: Anna M. White
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female / race white 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: Albin White
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Aug, 29, 1854 (Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 14 If less than one day hr. min.

9. Birthplace: Warrick, Mo. / Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation: Homemaker

11. Industry or business: Homemaker

12. Name: Elizabeth Bessler
13. Birthplace: Washington County, Penn. (City, town, or county) (State or foreign country)

14. Maiden name: Sarah J. Orr
15. Birthplace: Clearfield County, Penn. (City, town, or county) (State or foreign country)

16. (a) Informant: Helen B. White, Donaldson
(b) Address: Trenton, Mo.

17. (a) buried (b) Date thereof: Dec 15, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: K of P - Cemetery Trenton, Mo.

18. (a) Signature of funeral director: O. J. James, Home
(b) Address: Trenton, Mo.

19. (a) 12-15-41 (b) Irene A. Fair (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Trenton 2 (If outside city or town limits, write "RURAL")
(d) Street No. 1702 East 7th (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 13 year 1941 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 1, 1941, to Dec 13, 1941, that I last saw her alive on Dec 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Duration: 1 day

Due to: Arteriosclerosis & Myocardium
Due to: _____

Other conditions: (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____
Of autopsy: None

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: E. J. James (M. D. or other) Address: Trenton, Mo. Date signed: 12/15/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
Myself
..... Registered Apprentice No.....
working under my personal supervision.

Signed:

Raymond A. Davis
.....
Licensed Embalmer No. *3424*
.....

P. O. Address

Trenton, 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.