

FILED FEB 16 1942

Registration District No. 461

Primary Registration District No. 3024

State File No. _____

Registrar's No. 2

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

1. PLACE OF DEATH: Lafayette

(a) County Lafayette

(b) City or town Luxemburg town, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 17th main St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Elta White

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex De 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Edwin F. White 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 7 1959
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Lynn B. Gordon

13. Birthplace Tungg. Co. Ky
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Gulbreath

15. Birthplace 1 Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kate Bishop

(b) Address Luxemburg Mo

17. (a) Burial (b) Date thereof 1-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxemburg Mo

18. (a) Signature of funeral director Winkler

(b) Address Luxemburg Mo

19. (a) 1-14-42 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Luxemburg town 54
(If outside city or town limits, write "RURAL")

(d) Street No. 17th main St. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1942 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 1st 6
to Jan 5 1941 to Jan 5 1942
that I last saw her alive on Jan 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Inflammation of the suppurative area with a rupturing up of the suppurative vein

Due to _____

Due to a fall and injury of the left hip and leg.

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

Major findings: none 1/8/42

Of operations _____

Of autopsy none 1/8

Duration _____

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) accidental fall

(b) Date of occurrence Oct. 1st 1941

(c) Where did injury occur? at home 054
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home in Luxemburg Mo

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J. D. Coe (M. D. or other) _____
Address Luxemburg Date signed Jan 7 1942

9.9 copy

9
RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-12-42

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 _____

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

Signed [Signature]
Licensed Embalmer No. 2983
P. O. Address [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.