

FILED MAR 19 1942 213
Registration District No. _____

Primary Registration District No. 3014

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community 16 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Hartsburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 24 1942 to Feb 7 1942
that I last saw him alive on Jan 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart anomaly Duration 16 da.

Due to 1592
Due to _____

Other conditions Pulmonary adenoma
(Include pregnancy within 3 months of death)
lung ducts pressure dilated heart

Major findings: _____
Of operations _____
Of autopsy Refused

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

3. (a) PRINT FULL NAME Jetty Lee White
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color of race Wh
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 24 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 16 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Child

12. Name Hollis C. White

13. Birthplace Hartsburg (City, town, or county) Mo. (State or foreign country)

14. Maiden name Norma Higgins

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

16. (a) Informant W. Helen White

(b) Address Hartsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Longview Cemetery

18. (a) Signature of funeral director Farmer

(b) Address 700 Jefferson

19. (a) 2-10-42 (Date received local registrar) (b) Norma Pickett (Registrar's signature)

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 H. J. ... (M. D. or other) _____
Address 676 Jefferson Date signed 2-9-42

SEP 27 1944

OCT 5 1944

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.

*Body of Mrs. J. H. Anderson
Embalmed*

Signed *J. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *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.