

FILED MAR 5 1942  
Registration District No. **56.5**

Primary Registration District No. **6143**

Registrar's No. **01**

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Cass Sup.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Simmons Texas Corp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 74 yrs. (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas  
(c) City or town Simmons Cass Sup  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amanda Louise White

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

4. Sex F-1 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Andrew 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 14 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>13</u>	_____ hr. _____ min.

9. Birthplace 1 Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name John Gobble

13. Birthplace 1 Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Carl White

(b) Address Houston Mo

17. (a) White Cemetery Date thereof Jan 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Cemetery

18. (a) Signature of funeral director Gaylord U.E. Pitt

(b) Address Houston Mo

19. (a) Jan 31-42 (b) Mrs. Julia Lee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1942 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 12  
1938 to JAN 27 1942  
that I last saw h. ER alive on JAN. 24 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to DEGENERATIVE (SENILE) HEART DISEASE  
Due to HYPERTENSION.

Other conditions SENILITY  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 9/4 a  
Of autopsy \_\_\_\_\_

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) ( ) Means of injury \_\_\_\_\_  
23. Signature J. M. Dullman (M. D. or other) MD  
Address Houston Mo Date signed 1-29

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

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

0070

RECEIVED

District Health Officer No. 5,

District File Number. 242284

Date Filed: \_\_\_\_\_

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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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address. Houston, 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.**