

S. No. 2  
—11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 22 1942  
213

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10628  
State File No.  
Registrar's No. 86

Registration District No. 213 Primary Registration District No. 3014

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
26  
5  
4

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Jefferson City  
(c) Name of hospital or institution: St. Marys Hosp.  
(d) Length of stay: In hospital or institution Seven days  
In this community Seven days  
years, months or days

3. (a) PRINT FULL NAME GRACE OPAL WHITE  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife H. Boyce White  
6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Sept 10 1900  
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 21  
If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER {  
12. Name Geo. Simmons  
13. Birthplace MO.  
14. Maiden name GENA JOBE  
15. Birthplace MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant H. B. White  
(b) Address Callaway, Mo.

17. (a) Removal (b) Date thereof 3-31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  
18. (a) Signature of funeral director Phillips  
(b) Address Callaway, Mo.  
19. (a) 3-31-42 (b) Norma Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County Callaway  
(c) City or town Callaway Rural  
(d) Street No. 10628  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 31  
year 1942 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Mar 22 1942 to Mar 31 1942  
that I last saw her alive on Mar 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis  
Due to ulcerated colitis with rupture of bowels  
Due to

Other conditions (include pregnancy within 3 months of death)  
Major findings: 129  
Of operations  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. J. Gaylor  
Address Jefferson City, Mo. Date signed 3-31-42  
While at work? (Specify type of place) (e) Means of injury

014 (Licensed Embalmer's Statement on Reverse Side)

DEC 9 1953

FEB 7 1957

**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.....  
*Louis D. Phelan*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Louis D. Phelan*.....  
Licensed Embalmer No.....*3663*.....  
P. O. Address.....*Coala*.....

**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.**