

FILED JUN 15 1942

Registration District No. 768

Primary Registration District No. 4281

Registrar's No. 66

53  
2  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Lawrence

(a) County.....  
 (b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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, 30 years  
years, months or days)

3. (a) PRINT FULL NAME - Irena Frances White

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W. L. White 6. (c) Age of husband or wife if alive 1874 years

7. Birth date of deceased Feb. 29 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Henry Suttleff

13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ellen Coy

15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Cryderman  
 (b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof June 2, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bondford  
 (b) Address Marionville, Mo.

19. (a) 6-1-42 (b) Lucille Irene Lyman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence 53  
 (c) City or town Marionville, 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No.....  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1942 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb. 16, 1940 to May 31 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary vascular - renal disease - atherosclerosis

Due to.....

Due to.....

Duration 3 1/2 years

Other conditions.....  
(Include pregnancy within 3 months of death) 131 a

Major findings:  
 Of operations.....  
 Of autopsy.....

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).....  
 (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 P. R. Parry (M. D. 0)  
 Address Marionville, Mo. Date signed 6-1-42

RECEIVED

District Health Officer No. 6,

District File Number 642-856

Date Filed JUN 12 1942

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.....

*Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address Marionville, 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.