

FILED AUG 14 1942

Registration District No. 182

Primary Registration District No. 5416

Registrar's No. 4174

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Burke's Care  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Rural 3.5  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Girl White

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1942 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from 7-16-42  
19 \_\_\_\_\_ to 7-17 19 42

that I last saw her alive on 7-16 19 42  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 7-16-42  
(Month) (Day) (Year)

Immediate cause of death Prematurely

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 159

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Rural, Arkansas MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

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

12. Name Luther Elvies White

13. Birthplace Hardy Co. Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Arizona Moser

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Father

(b) Address Arbnd MO

17. (a) Rural (b) Date thereof July 18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) July 18-42 (b) M. G. Moore  
(Date received local registrar) (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) \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature W. W. English MD (M.D. or other) \_\_\_\_\_

Address Cardwell MO Date signed 7-17-42

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

1013

RECEIVED

District Health Office No. 2,

District File Number 842-1066

Date Filed 8-12-42

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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.....

Licensed Embalmer No.....

P. O. 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.**