

FILED NOV 6 1942

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community all her life (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Ida Elizabeth White

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife M. M White 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec 21 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name Henry Adams
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Hensley
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Robert (b) Address Salem Mo

17. (a) burial (b) Date thereof Sept 29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director Carl J. Spencer
(b) Address Salem Mo

19. (a) 9-30-42 (b) John D. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1942 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 7 1942 to Sept 25 42
that I last saw her alive on Sept 25 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis

Due to _____
Due to 930
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 John D. White (M. D. or other) _____
Address Salem Mo Date signed 9/30/42

NOV. 9 1942.

RECEIVED

District Health Officer No. 5
District File Number 1142943
Date Filed 11-4-42

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 Carl H. Jensen

Licensed Embalmer No. 3370

P. O. Address Fuller 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, above space should be left blank.