

FILED DEC 13 1942

Registration District No. **133**

Primary Registration District No. **5488**

Registrar's No. **82**

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

1. PLACE OF DEATH **(Sheyman)**
 (a) County **Harrison**
 (b) City or town **Bethany Rural**
 (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 **93 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Daviess**
 (c) City or town **Coffey**
 (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 _____

3. (a) PRINT FULL NAME **MARY ANN WHITE**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **31** year **1942** hour **1 AM** minute _____ M.
 21. I hereby certify that I attended the deceased from **Oct 2 1942** 19____ to **Oct 28 1942** 19____
 that I last saw h. or. alive on **Oct 28 1942** 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 **Widowed**
 (b) Name of husband or wife **William White** (c) Age of husband or wife if alive **29** years
 7. Birth date of deceased **Oct 2 1849**
 (Month) (Day) (Year)

Immediate cause of death
Acute Parenchymatous Nephritis
 Due to **Influenza & Pneumonia**
 Due to _____
 Duration _____

8. AGE: Years **93** Months **0** Days **29** If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **1218**
 Of autopsy _____

9. Birthplace **Jackson C. Ohio** (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

MOTHER FATHER {
 11. Industry or business _____
 12. Name **James M. Mitchem**
 13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
 14. Maiden name **Rebecca Butcher**
 15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Rose Whitten**
 (b) Address **Bethany Mo. 1**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 2 42** (Month) (Day) (Year)
 (c) Place: burial or cremation **Coffey Mesone**

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? _____
 (Specify type of place) _____ (e) Means of injury _____

18. (a) Signature of funeral director **M. H. Hays**
 (b) Address **Bethany Mo.**
 19. (a) **Nov 2-1942** (Date received local registrar) (b) **Zola M. Burris** (Registrar's signature)

23. Signature **Emmett L. Hood** (M. D. or other) **D. C.**
 Address **Bethany Mo.** Date signed _____

JAN 19 1943

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..... *W. B. Haas*
Licensed Embalmer No. *3899*
P. O. Address..... *Bethany 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.