

FILED MAY 11 1943
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 104

1. PLACE OF DEATH
(a) County Calloway
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 9 yrs 7 mth 20 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon
(c) City or town Verona
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? DK (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RENA WHITE
(b) If veteran, name war WW
(c) Social Security No. 222

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4
year 1943 hour 7 minute 40 P M.
21. I hereby certify that I attended the deceased from April 3
1943 to April 7 1943
that I last saw her alive on April 7 1943
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife DK 6. (c) Age of husband or wife if alive DK years
7. Birth date of deceased DK (Month) (Day) (Year)

Immediate cause of death Cerebrovascular glioblastoma
Duration DK

8. AGE: Years Months Days If less than one day
77 approximately hr. _____ min.

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

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

Major findings: 450
Of operations _____

10. Usual occupation housewife

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? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

MOTHER FATHER {
11. Industry or business _____
12. Name DK
13. Birthplace DK (City, town, or county) (State or foreign country) 9
14. Maiden name DK
15. Birthplace DK (City, town, or county) (State or foreign country) 9

16. (a) Informant Recorder
(b) Address State Hospital No. 1

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature R.P. [unclear] (M. D. or other MD)
Address Fulton Mo Date signed 4-4-43

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 5, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Belle. Mo

18. (a) Signature of funeral director Elen G. Mangini
(b) Address 700 Com St Fulton, Mo.
19. (a) 4-5-1943 (Date received local registrar) (b) Jesse Morauk [unclear] (Registrar's signature)

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

14
1
2

MOTHER FATHER {

1147

7/23

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..... *Glen G. Mansie*.....
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.