V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17298

Registration District No. .....

Primary Registration District No. 3002

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4

(c) City or town Mexico, Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 423 Agriculture 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Laverne Rose White

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W 1

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

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

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

7. Birth date of deceased Dec. 22, 1928
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
14	4	6	..... hr. ..... min.

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

10. Usual occupation Student

11. Industry or business .....

FATHER
12. Name Taylor White
13. Birthplace Clark, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mable E. Newman
15. Birthplace Centralia, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Taylor White

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas Arnold

(b) Address Mexico, Missouri

19. (a) 4/28/43 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

1074

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death We find that Laverne White came to her death by accidental drowning, Jury Verdict

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

183.3

36

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) accident 204

(b) Date of occurrence 4/28/43

(c) Where did injury occur? Mexico (City or town) Audrain (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kiwanis Lake, Mexico, Mo (Specify type of place)

While at work? Play (e) Means of injury fell from small rafts into lake

23. Signature Ex. Burton Coroner (M. D. or other)

Address Mexico, Mo Date signed 4/28/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-43-934
Date Filed MAY 21 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 .....

Licensed Embalmer No. 3569

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.