

FILED JUN 13 1943

Registration District No. _____

Primary Registration District No. 6258

Registrar's No. _____

1. PLACE OF DEATH:
(a) County WAYNE
(b) City or town SILVA RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. F. J. Collins Hosp
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 13 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WAYNE
(c) City or town SILVA RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ or No 0
If yes, name country _____

3. (a) PRINT FULL NAME DOROTHY MARIE WHITE
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 7 year 1943 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1 P.M. Feb 7 - 1943 to Feb 7 - 1943 that I last saw her alive on Feb 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, SINGLE
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years _____
7. Birth date of deceased OCT. 9 1929 (Month) (Day) (Year)

Immediate cause of death Labor Pulmonary Duration 4 days
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 100

8. AGE: Years 13 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation STUDENT

11. Industry or business ✓

MOTHER FATHER { 12. Name LEONARD W. WHITE
13. Birthplace SILVA MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name CHARB EVANS
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant LEONARD WHITE
(b) Address SILVA, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 9 1943 (Month) (Day) (Year)
(c) Place: burial or cremation BOUNDS CREEK CEM.

18. (a) Signature of funeral director W. G. Gush
(b) Address Judgment MO.

19. (a) May 29 1943 (Date received local registrar) (b) J. J. Demott (Registrar's signature)

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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 2
23. Signature John F. Wagner (M. D. or other M.D.)
Address Greenwell, MO. Date signed 2-8-43

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

1100

1222

RECEIVED

District Health Officer No. 4
District File Number 643-2261
Date Filed 6-5-43

AUG 5 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Quedmont 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.