S. No. 2
M—2-43
5-17-39
X35[illegible]

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25838

FILED AUG 13 1943

Registration District No. 92

Primary Registration District No. 4435.

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.

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

(c) Name of hospital or institution:
Perry, Missouri.
(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 81 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.

(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No. Perry, Missouri.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura White.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased June 14, 1862.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	11	17	hr. min.

9. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

FATHER
12. Name XXXXXXXXX Marion Hedick.
13. Birthplace Ralls County, Missouri.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Myers.
15. Birthplace Unknown, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray McElmurry
(b) Address DesMoines, Iowa.

17. (a) Burial (b) Date thereof June 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek.

18. (a) Signature of funeral director Clydee Wiley
(b) Address Perry, Missouri.

19. (a) 6-2-43 (b) Mrs. Earl Perkinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st.
year 1943 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from May 1-43, 1943, to May 30-43, 1943, that I last saw her alive on May 29, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Arteriosclerosis	
Due to		
Due to		
Other conditions (Include pregnancy within 3 months of death)	97	
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 [illegible] about home, on farm, in industrial place, in public place?
(specify type of place)

While at work (e) Means of injury

23. Signature Dr. E. Brown (M. D. or Coroner)

Address Perry, Missouri Date signed

1135

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1388
Date Filed AUG 11 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 Clyde C. Dilbeck

Licensed Embalmer No. 3720

P. O. Address Tempe Ariz.

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.