

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34533

State File No.

X29484

FILED NOV 18 1943

Primary Registration District No. 5345

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade Sac Temp
(b) City or town Crisp
(c) Name of hospital or institution:
Crisp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 58 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29
(c) City or town Crisp Sac Temp
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Susie White

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John C. White 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 27 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 16 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Richard Taylor

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Ratsy

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nina White

(b) Address Crisp, Missouri

17. (a) Burial (b) Date thereof 7-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Mo.

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield, Missouri

19. (a) July 15-43 (b) Kyle Riskey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from June 29, 1943, to July 13, 1943
that I last saw her alive on July 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Renards Disease Duration 3 weeks

Due to _____

Due to _____

Other conditions 99.2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) no
(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 _____

23. Signature J. J. ... (M. D. or other) DD
Address Stockton Mo. Date signed 7-14-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1143-1209

Date Filed NOV 10 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

Sam E. Sencer, Jr.

Licensed Embalmer No.

4099

P. O. Address

Greenfield, 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.