

FILED DEC 7 1943 76

Primary Registration District No. 5946

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

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community all her life

3. (a) PRINT FULL NAME Martha White

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race W

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

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

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

7. Birth date of deceased May 29 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 1

If less than one day hr. min.

9. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation xhousewife

11. Industry or business X

MOTHER FATHER { 12. Name Elisha Bell

13. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Adams

15. Birthplace Phelps Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edna White

(b) Address B. unrefd Mo

17. (a) Burial (b) Date thereof 12/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asher Cem

18. (a) Signature of funeral director Arthur J. Jensen

(b) Address Salem Mo

19. (a) 12-3-1943 (b) Pharmacia Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. X (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1943 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 1937 to Nov 30 1943
that I last saw her alive on Nov 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Inferior wall of left ventricle

Due to 93d

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: 93d

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. A. Seitz (M. D. overlines)

Address St. James Hospital Date signed 12-2-43

Duration _____

PHYSICIAN _____

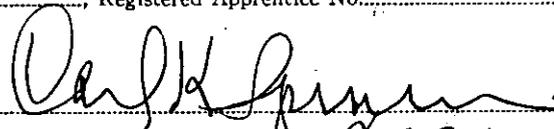
Underline the cause to which death should be charged statistically.

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.

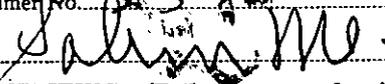
Signed.....



Licensed Embalmer No.....

2374

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.