No. 2
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5-17-39
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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. 45140

FILED JAN 6 1944

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Montgomery

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME ANNA CORINE WHITE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec (Month) 1 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	0	13	..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name Theodore Gregory
13. Birthplace Virginia (City, town, or county) State (State or foreign country)

MOTHER
14. Maiden name Mary Appling
15. Birthplace Danville Mo (City, town, or county) (State or foreign country)

16. (a) Informant DE White

(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Montgomery City Mo

19. (a) Dec 16-43 (Date received local registrar) (b) Mrs C.E. Vandaveer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th year 1943 hour ..... minute ..... 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.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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) .....

(b) Date of occurrence 12-14-43

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home in out building
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature F.J. Ball J.P. Acting Coroner (M.D. or other)

Address Jonesburg, Mo Date signed 12-14-43

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph A Marlev

Licensed Embalmer No. 3658

P. O. Address Montgomery City 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.