

No. 2
-9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2344

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hosp # 12
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 11-30-43
(Specify whether years, months or days)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montana

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Etta May White

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23 year 1944 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from 11-30-1943 to 1-22-1944 that I last saw her alive on 1-22-1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased Dec 14 - 1903

Immediate cause of death chronic myocardiitis atherosclerosis

Due to Duration

8. AGE: Years 60 Months 1 Days 13 If less than one day hr. min.

Due to Duration

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

Due to Duration

10. Usual occupation Homemaker

Other conditions (Include pregnancy within 3 months of death) 928

11. Industry or business

12. Name William Bodevell

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

14. Maiden name Reaney

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

Major findings: Of operations Of autopsy PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Record

(b) Address

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Removal (b) Date thereof 1-23-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Clarkburg

(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?

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, MO

(Specify type of place) While at work? (e) Means of injury

23. Signature Thomas O (M. D. or other)

19. (a) 1-23-1944 (b) Joan Mosekoff (Date received local registrar) (Registrar's signature)

Address 1 Milton Date signed 1/23/44

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

MOTHER FATHER

FEB 9 1944

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..... *A. E. Wilson*
Licensed Embalmer No. *2381*
P. O. Address... *California, 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.