

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16092

FILED MAY 8 1944

Registration District No. 374

Primary Registration District No. 6274

Registrar's No.

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Worth
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence A White

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife Bob White 6. (c) Age of husband or wife live years
7. Birth date of deceased Nov. 21 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name James E Sharp
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary M Knobel
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Felix White

(b) Address Worth Missouri

17. (a) Burial (b) Date thereof April 5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell Mo

18. (a) Signature of funeral director Hayes Andrews

(b) Address Worth Mo

19. (a) April 10-44 (b) Arlene Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 1944 hour 3:40 minute a M.

21. I hereby certify that I attended the deceased from 8-2 to 4-3
that I last saw a alive on 4-1 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 6 mo

Due to

Due to

Other conditions ✓ (Include pregnancy within 3 months of death) H6f

Major findings: ✓
Of operations

Of autopsy ✓ 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 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 [Signature] (M.D. or other)

Address [Signature] Date signed 4-3-44

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.....

Hayes Goodrich....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.