No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18493

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution (Specify whether) over 20 years

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Marionville, (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

3. (a) PRINT FULL NAME Eliza Jane 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 Elija Benjiman White

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

7. Birth date of deceased February 13, 1856 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Calvin Newman
13. Birthplace Knoxville, Tenn. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Kates
15. Birthplace Knoxville, Tenn. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Montzella Singer

(b) Address Marionville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23-44 (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. R. Bradford

(b) Address Marionville, Mo.

19. (a) April 23 '44 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) A. M.

1156

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 19, 1944, to April 21, 1944 that I last saw her alive on April 19, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 days
Due to Chronic Bronchitis	?
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wayne M. Weaver (M.D. or other) D.O.

Address Marionville, Mo. Date signed 4/22/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 544-618
Date Filed MAY 24 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 Sherman M. Burrie

Licensed Embalmer No. 13072

P. O. Address Aurora M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.