

FILED SEP 10, 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 226

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

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Nicksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Community Hosp O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott  
(c) City or town Tranger  
(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 Ora Delle 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 John White 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 24 - 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John W. Marquis  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Gertrude Bisher  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas White

(b) Address Tranger, Mo

17. (a) Burial (b) Date thereof Aug 30 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tranger, Mo

18. (a) Signature of funeral director Walter G. Gitting and

(b) Address Nichols

19. (a) 8-20-44 (b) Mr. J. P. Wagner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27  
year 1944 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 29, 1944  
1944 to Aug 27 1944;  
that I last saw her alive on Aug 27 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Myocardial Failure

Due to \_\_\_\_\_

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 9321

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? \_\_\_\_\_

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

23. Signature M. T. Hutenshew M.D. or other \_\_\_\_\_

Address Nicksville, Mo Date signed 8-27-44

RECEIVED

District Health Officer No. 10

District File Number 9-44-1530

Date Filed SEP 7 1944

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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

*W. C. Summers*

Licensed Embalmer No.

2159

P. O. Address

Richville Md

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.