

FILED NOV 4 1944

State File No. _____

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
710 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson ⁵⁰
(c) City or town Hematite ⁵
(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 0

3. (a) PRINT FULL NAME Annie 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 David White 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 8 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework
11. Industry or business _____
12. Name Matthew Kozlik
13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Frola
15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy Beatte
(b) Address Festus, Missouri
17. (a) Burial (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hematite, Missouri
18. (a) Signature of funeral director Fink Funeral parlor
(b) Address Festus, Missouri
19. (a) Aug 13 1944 (b) Lilby Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1944 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 0 10th 1944 to August 12th 1944
that I last saw her alive on August 11th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease
Chronic Myocarditis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) DO
Address Festus, Mo Date signed 8/16/44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9

District File Number

Date Filed

11-2-44

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, ##

Eleuan Province

Registered Apprentice No.

working under my personal supervision.

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Festus, Missouri

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. now

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Festus
(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 years, months or days)

3. (a) PRINT FULL NAME Annie White

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 8 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town.....
(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 Aug Day 12
 year 1944 hour 11 minute 12 M.

21. I hereby certify that I attended the deceased from..... 19.....;
 that I last saw him..... alive on..... 19.....;
 and that..... occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Bright's Disease
Chronic Myocarditis

Due to.....

Due to.....

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

Major findings: ADDITIONAL
 Of operations..... PLEMENTARY

Of autopsy..... ATION

Duration.....
 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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTAL

34550