S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5725

State File No. 10160

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Ten Macon R.R. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bell Heldrith Ostio Sani (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain

(c) City or town Centralia RR 4 (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 Lou Effie White

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 14 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name Wm Bradley
13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Lewis
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Littrell

(b) Address Centralia Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 7-45 (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Grove Cem Clark Mo

18. (a) Signature of funeral director Albert Stumpf

(b) Address Macon Mo

19. (a) 3/5/45 (Date received local registrar) (b) Nora B. Hunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MARCH day 5TH year 1945 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3-3-45, 19, to 3-5-45, 19; that I last saw her alive on 3-5-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 14 hrs.

Due to Senility with senile dementia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

83a

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 Philip G. Pendergast D.O. (M.D. or other)

Address Macon, Mo. Date signed 3-5-45

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(Licensed Embalmer's Statement on Reverse Side)

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 Cellert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.