

FILED JUN 9 1945

Registration District No. _____ Primary Registration District No. 3005

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

1. PLACE OF DEATH:
Bates

(a) County _____

(b) City or town N Havana Street Butler Mo
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Armintha Livona White

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife December 28th 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 26th 1856
(Month) (Day) (Year)

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

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

10. Usual occupation housewife

11. Industry or business _____

12. Name James Van Senthousan

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

14. Maiden name Penn.

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

16. (a) Informant Mrs W. D. Dawson

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof 5/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) May 14, 1945 (b) Culver-Underwood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Bates

(a) State _____ (b) County _____

(c) City or town Butler
(If outside city or town limits, write "RURAL")

(d) Street No. North Havana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1945 hour 11:45 minute _____ p. M.

21. I hereby certify that I attended the deceased from May 11, 1945 to May 11, 1945
that I last saw h. e. v. alive on May 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to _____

Due to Chronic myocarditis

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

Major findings:
Of operations 940

Of autopsy _____

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 James A. Gresham M. D.
Address Butler, Mo. Date signed 5/14/45

RECEIVED

District Officer No. 7,

Case No. 5-40-517

Date filed 6-7-40

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

John H. Underwood

Licensed Embalmer No.

3585

P. O. Address

Butler 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.