

STANDARD CERTIFICATE OF DEATH

State File No. **41554**FILED JAN 11 1946
Registration District No. 163Primary Registration District No. 55-96Registrar's No. 67

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural Valle Township
(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 whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Margaret E. White3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife E. M. White 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased: March 3 1893
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
52 9 23 _____ hr. _____ min.9. Birthplace Hebron Ohio /
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward Baker13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Foster15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)16. (a) Informant E. M. White(b) Address DeSoto, Mo., R. R. #17. (a) Burial (b) Date thereof 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation DeSoto, Missouri18. (a) Signature of funeral director Fink Funeral Parlor(b) Address Festus, Missouri19. (a) 1/3/46 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50(c) City or town Rural 0
(If outside city or town limits, write "RURAL")(d) Street No. DeSoto, Mo. R.R. #1 0
(If rural, give location)(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th
year 1945 hour 4 minute 15 A. M.21. I hereby certify that I attended the deceased from
12/25 45 to 12/26 45that I last saw him or alive on 12/25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Influenza 3da

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN
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) Means of injury _____

23. Signature Chas E. Galt (M. D. or other)Address DeSoto, Mo Date signed 1/27/46

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 1-10-46

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.