

No. 2
12-45
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8097**
Registrar's No. **98**

FILED MAR 21 1947
Registration District No. _____

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Opler Bluff 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 24 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Opler Bluff mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1101 Grand ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ella White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wend

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 11 - 22 - 1896
(Month) (Day) (Year)

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

50 3 19 hr. _____ min.

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

10. Usual occupation Laundress

11. Industry or business _____

MOTHER FATHER { 12. Name Abraham White

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

14. Maiden name Sallie Thompson

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

16. (a) Informant E. A. Park

(b) Address 1101 Grand ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-47
(Month) (Day) (Year)

(c) Place: burial or cremation Opler Bluff mo

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

(b) Address Sission 26

19. (a) 3-13-47 (Date received local registrar) (b) R. D. Menetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11 year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Feb. 18th 1947 to March 4, 1947 that I last saw her alive on March 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Solar Pneumonia Duration 3 wks

Due to Anasarca 5 mo.

Due to Hepatitis 1 yr.

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury 0

23. Signature Wm. H. Burson (M. D. or other) _____

Address Opler Bluff Mo Date signed 3-11-47

RECEIVED

District Health Office No. 2,

District File Number 347-382

Date Filed 3-18-47

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.