

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

FILED JUN 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18142

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Elizabeth Hospital
(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

Camelia Jayce
Infant daughter 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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 21, 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
 If less than one day hr 1.30 min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Clarence Paul White

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

14. Maiden name Mary Valach

15. Birthplace Ilasco, Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence P. White

(b) Address 2203 Chestnut Hannibal Missouri

17. (a) Burial (b) Date thereof 5/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director W. E. M. Laska

(b) Address 902 Broadway, Hannibal Missouri

19. (a) 5/22/47 (b) W. E. M. Laska
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Merion 64
 (c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 2203 Chestnut 4
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
 year 1947 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 21
 1947 to May 21 1947
 that I last saw her alive on May 21 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity

Duration

Due to _____

Due to _____

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

Major findings:

Of operations none

Of autopsy none

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 5/21/47
 (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) Means of injury _____

23. Signature W. E. M. Laska (M. D. or other) _____
 Address 1011 Broadway Hannibal Mo Date signed 5/24/47

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.....

THIS BODY WAS NOT EMBALMED

Registered Apprentice No.

working under my personal supervision.

Signed

W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal 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.