S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23679

Registration District No. 65 Primary Registration District No. 413 Registrar's No. 13

21

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Brunswick
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON
(c) City or town ~~RF~~ DE WITT MO
(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 ELLEN E. 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 MARRIED
6. (b) Name of husband or wife JAS. O. WHITE 6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEBRUARY (Month) 11 (Day) 1873 (Year)

8. AGE: Years 74 Months 4 Days 18 If less than one day hr. min.
9. Birthplace CLARK (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business HOUSE WORK
FATHER 12. Name JAS. GREEN
13. Birthplace DONT KNOW (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name DONT KNOW
15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)
16. (a) Informant MRS. RUTH HEISEL
(b) Address BRUNSWICK MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation ~~BURIAL~~ DE WITT MO
18. (a) Signature of funeral director L. Meese
(b) Address BRUNSWICK MO
19. (a) June 30-47 (Date received local registrar) (b) Mildred Bone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29TH year 1947 hour 9 minute A M.
21. I hereby certify that I attended the deceased from June, 10 1947 to June, 29 1947 that I last saw her alive on June 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	5yrs.
Due to Acute Cardiac Failure	Termina
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. P. Fowler (M. D. or other) D.O.
Address Brunswick, Mo Date signed 6/30/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 8-18-47

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 L M Reed

Licensed Embalmer No. 822

P. O. Address Brunswick M

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.