

No. 2
12-45
17-39
X47070

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

FILED DEC 9 1947

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 370

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

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

(d) Street No. 203 Albert
(If rural, give location)

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

3. (a) PRINT FULL NAME NORAH Belle WHITE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race white

6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife ALBERT C. WHITE

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

7. Birth date of deceased Oct 25, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 47 hour _____ minute 45 A.M.

21. I hereby certify that I attended the deceased from 11/18/47 to 12/1/47
that I last saw her alive on 12/1 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>1</u>	<u>6</u>	hr. min.

Immediate cause of death Angina pectoris

Due to _____

9. Birthplace Brunot Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

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

Major findings:
Of operations _____

Of autopsy 44B

MOTHER FATHER

12. Name Robert Hinkle

13. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bennett

15. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

PHYSICIAN _____

16. (a) Informant VIRGINIA KINDEY

(b) Address Fredericktown, Mo

17. (a) BURIAL (b) Date thereof 12/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo

18. (a) Signature of funeral director Walters and Co.

(b) Address Cape Girardeau - Mo.

19. (a) 12-4-47 (b) Co. C. Summers
(Date received local certifier) (Registrar's signature)

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) (a) Manner of injury 0

23. Signature [Signature] (M. D. or other) MD
Address Cape Girardeau Date signed 12/4/47
Mo

DEC 15 1947

RECEIVED

District Health Officer No. 4

District File Number 1247-15

Date Filed 12-8-47

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.....

Richard O. Laine

Registered Apprentice No. 502

working under my personal supervision.

Signed *Virgil K. Welch*

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau, 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.