

S. No. 2
OM-5-42
ev-3-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38825

State File No. _____

FILED DEC 6 1947

Registration District No. 178

Primary Registration District No. 4285

Registrar's No. 101

1. PLACE OF DEATH:

(a) County LEWIS

(b) City or town LEWISTOWN
(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 LEWIS

(c) City or town LEWISTOWN
(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 MARY VIRGINIA WHITE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1947 hour 14 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 12 1947, to Nov 17 1947, that I last saw her alive on Nov 17 1947, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race white

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

6. (b) Name of husband or wife JAMES H WHITE 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 21 1880
(Month) (Day) (Year)

Immediate cause of death Angiocardial Failure

Duration _____

8. AGE: Years 67 Months 6 Days 21 If less than one day _____ hr. _____ min.

Due to Chronic Coronary Artery Disease with Intentional

9. Birthplace LEWIS County MD
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

11. Industry or business _____

12. Name WILLIAM H. JENNING

13. Birthplace LEWIS County MD
(City, town, or county) (State or foreign country)

14. Maiden name NANCY KERRY

15. Birthplace EDINA MD
(City, town, or county) (State or foreign country)

16. (a) Informant James H White

(b) Address Lewistown 7200

17. (a) Burial (b) Date thereof 11/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEWISTOWN MD

18. (a) Signature of funeral director James A. Coder

(b) Address Lewistown 7200

19. (a) 11-29-47 (b) W. Jennings MD
(Date received local Registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 4/8 P

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) _____ (Means of injury)

23. Signature John A. Jennings (M. D. or other) _____
Address Lewistown, Mo. Date signed 11/24/47

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

6
00

SEP 25 1957

RECEIVED
District Health Officer No. 10
District File Number 12-47-1660
Data Files DEC - 5 1947

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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed James A. Order
Licensed Embalmer No. 2537
P. O. Address Luxwinton 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.