

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44044**

FILED JAN 5 1947

Registration District No. **239**

Primary Registration District No. **223**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Milo, Missouri
(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

3. (a) PRINT FULL NAME LURA POTTER 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 John White 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 20 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 23 hr. min.

9. Birthplace Dallas Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name George Potter

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

14. Maiden name Sarah Humphries

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

16. (a) Informant John White

(b) Address Milo, Missouri, Route 1

17. (a) burial (b) Date thereof Dec. 15, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Viril City Cemetery

18. (a) Signature of funeral director SWINN-CROTHERS FUNERAL

(b) Address Colorado Springs, Missouri

19. (a) Dec 16, 1947 (b) Mrs. Ruth Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Milo, Missouri, Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. Oak Grove School District
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1947 hour 1:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from Dec 11th
1947 to Dec 13, 1947
that I last saw her alive on Dec 11th
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) DO
Address Colorado Springs Date signed 12-13-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
OFFICE OF THE CLERK OF THE SUPREME COURT
12-17-1948
1-2-49

FEB 4 1949

James E. Kackelman

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.....

James E. Kackelman, Registered Apprentice No. *44*
working under my personal supervision.

Signed.....

Licensed Embalmer No:.....

P. O. Address.....

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.