No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 937

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: New Addition (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette (If outside city or town limits, write "RURAL") 1
(d) Street No. New Addition (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME ALICE WHITE
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Will White
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 12-25-1870 (Month) (Day) (Year)

8. AGE: Years 77 Months — Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation at home
11. Industry or business —
FATHER
12. Name Frank Kirby
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name Sarah Douglass
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Lester Boggs
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette Mo.
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 1-17-1948 (Date received local registrar) (b) Dorothy Jean Sohn (Registrar's signature) 1104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1948 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Jan 9th 1948 to Jan 14 1948
that I last saw her alive on Jan. 14 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature M. Leech (M. D. or other) M.D.
Address Fayette, MO Date signed 1-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-11-48

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 Stuart T. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.