

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1902
Registrar's No. 1

Registration District No. 247

Primary Registration District No. 4362

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Granley
(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 Mo (b) County Newton 73
(c) City or town Granley
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Mary Draper white
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 10 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 2 hr. min.

9. Birthplace Newton County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Road worker

11. Industry or business _____
12. Name William white
13. Birthplace Hermann
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Ferguson
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Carl white
(b) Address Granley
17. (a) Burial (b) Date thereof Jan 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Culver Gidd Funeral
(b) Address Granley Mo
19. (a) Jan-13-48 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1948 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____ 1948 to Jan 12 1947
that I last saw h. in alive on Jan 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Arthritis 4 1/2 yrs
Due to _____
Other conditions Cardiac decompensation 2 Mo
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 95

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) (e) Means of injury _____
23. Signature R. E. Kalous (M. D. or other) _____
Address Granley Mo Date signed 1-13-48

Duration
4 1/2 yrs
2 Mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

APR 8 1948

APR 5 1948

SEP 22 1948

RECEIVED

District Health Officer No. Newton

District File Number 148-224

Date Filed 1-22-48

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.