

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

Registration District No. 53

Primary Registration District No. 3010

No. 2
-2-43
17-39
X35897

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

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. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town New Madrid (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 Petty Joe White
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 11 year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-11-48 to 2-11-48 that I last saw her alive on 2-11- and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Ched 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Stroke Brain & shock Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
4 7 hr. min.

9. Birthplace New Madrid Mo (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business Child
12. Name Julius White
13. Birthplace Cairo, Ill (City, town, or county) (State or foreign country)
14. Maiden name Jessie Foster
15. Birthplace New Madrid Mo (City, town, or county) (State or foreign country)

PHYSICIAN
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant Julius White
(b) Address New Madrid, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Spring Hill
18. (a) Signature of funeral director Richard Wood Co.
(b) Address New Madrid, Mo
19. (a) 2-14-48 (Date received local registrar) (b) C.C. Zimmerman (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 72
(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 0
23. Signature Dr. Chandler (M. D. or other) MD
Address New Madrid Mo Date signed 2/12/48

RECEIVED

District Health Officer No. 4
District File Number 248-223
Date Filed 2-16-48

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.....

not embalmed Registered Apprentice No.....
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.