

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
211 South Beckwith
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Malden 3
(If outside city or town limits, write "RURAL")

(d) Street No. 211 South Beckwith 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ollie White

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month May day 3
year 1948 hour 10 minute 30 A. M.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Ma

6. (b) Name of husband or wife Robert White

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 8 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/11-11/1948
198 to May 3 1948
that I last saw h a alive on May 3 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 4 25 hr. min.

Immediate cause of death arterio-sclerosis 15 yrs

Due to hypertensive pneumonia 3 da

Due to _____

9. Birthplace Greenville Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Above

PHYSICIAN

Major findings: 97

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name James Ellegood

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

14. Maiden name Victoria Haley

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

16. (a) Informant Mrs. Ira Morris

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 5/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo.

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? _____

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Mo.

19. (a) 5/14/48 (b) J. D. Schuman
(Date received local registrar) (Registrar's signature)

23. Signature W. Mitchell (M. D. or other)

Address Malden Mo Date signed 5/4/48

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

APR 22 1949

RECEIVED

District Health Office No. 2,

District File Number 548-648

Date Filed 5-18-48

APR 12 1955

APR 20 1949

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 J. D. Schuman
Licensed Embalmer No. 4086
P. O. Address Orlando

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.

2/11/52