DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1948

Registration District No. 47

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32201

Primary Registration District No. 3008

Registrar's No. 310

1. PLACE OF DEATH
(a) County: Callaway
(b) City or town: Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether)
In this community: (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Fulton (If outside city or town limits, write "RURAL")
(d) Street No.: 807 State (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

Middle Jennie White
(a) PRESENT LAST NAME:
3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: Female Race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if living: years
7. Birth date of deceased: Nov. (Month) 18 (Day) 1886 (Year)

8. AGE: Years 61 Months 11 Days 7 If less than one day: hr. min.

9. Birthplace: Callaway (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House Work
11. Industry or business:
MOTHER FATHER
12. Name: Monroe White
13. Birthplace: Callaway Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Eliza Johnson
15. Birthplace: (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: William White
(b) Address: 807 State - Fulton Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Oct 27-48 (Month) (Day) (Year)
(c) Place: burial, cremation, or removal: Kirby Family Cem. Callaway Co. Mo
18. (a) Signature of funeral director: Eli Bell
(b) Address: Fulton Mo.
19. (a) 10-26-1948 (Date received by local registrar) (b) Joan Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1948 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-8, 1948 to 10-25, 1948 that I last saw him alive on 10/25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	15 min.
Due to: Hypertension	
Due to: Diabetes	
Other conditions (Include pregnancy within 3 months of death): Paralytic Ileus	4 days

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to 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:

23. Signature: George T. Wood (M. D. or other) M.D.
Address: Fulton Date signed: 10/26/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1 10 45 1948
DEC 21 1948
DEC 31 1948

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Pulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.