

FILED DEC 22 1948
Registration District No. 4258

Primary Registration District No. 4258

Registrar's No. 308

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

1. PLACE OF DEATH:

(a) County KNOX
(b) City or town EDINA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX 52
(c) City or town EDINA 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLEN WHITE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: Feb. 14 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace COON CREEK MO
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name RICHARD WHITE

13. Birthplace TEMPORARY IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA DOHAN

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

16. (a) Informant B. O. White
(b) Address Edina

17. (a) BURIAL (b) Date thereof 12-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's New Cemetery
(d) Signature of funeral director Wm. A. Freyhauser
(e) Address Edina Mo.

19. (a) Dec-17-48 (b) Wm. A. Freyhauser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1948 hour 4 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov
First 1948 to Dec 13 1948;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Chronic

Duration 4 years

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury ii

23. Signature M. S. Linnau MD (M. D. or other)
Address Edina MO Date signed Dec 16/48

RECEIVED
District Health Officer No. 10
District File Number 12-48-216
Date Filed DEC 20 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 Paul C. Fuegshauser
Licensed Embalmer No. 4085
P. O. Address China 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.