

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 1 1949

Registration District No. 223

Primary Registration District No. 5797

Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town Fortuna
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution —
(Specify whether)
 In this community Most of life
years, months or days

3. (a) PRINT FULL NAME Eliza E. White
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry C. White 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased September, 30th, 1872
(Month) (Day) (Year)

8. AGE: Years 77 ~~79~~ Months 8 Days 8 If less than one day hr. min.

9. Birthplace Gentry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name F.M. Judd
 13. Birthplace — Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Mary M. Milligan
 15. Birthplace — Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry C. White (Husband)

(b) Address Fortuna, Missouri

17. (a) Burial (b) Date thereof 6/11/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse Cemetery

18. (a) Signature of funeral director Jessie E. Richard

(b) Address Tipton, Missouri

19. (a) June 14-1949 (b) Mrs. Maudie Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau 68
 (c) City or town Fortuna 0
(If outside city or town limits, write "RURAL")
 (d) Street No. None 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
 year 1949 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 15
1949 to June 7, 1949
 that I last saw him alive on June 8th, 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Myocardial Infarction Chronic

Due to Bronchial asthma Chronic

Other conditions 4.2
(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 2

23. Signature D. J. Luedtke (M. D. or other) _____
 Address Tipton, Mo Date signed 6-10-49

RECEIVED JUN 27 1949
District Health Officer No. 9,
District File Number

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: *Jessie E. Richard*
Licensed Embalmer No. *2466*
P. O. Address *Lipton 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.