

STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1949

BIRTH NO. REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Webster 1
b. CITY OR TOWN Seymour
c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived)
a. STATE Mo. b. COUNTY Webster
c. CITY OR TOWN Seymour RT 4
d. STREET ADDRESS Rural Finley T.W.N

3. NAME OF DECEASED
a. (First) Eunice b. (Middle) White c. (Last) White
4. DATE OF DEATH July 26 49

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH Dec 2 1901 9. AGE (In years last birthday) 47 10. MONTHS 7 11. DAYS 24 12. IF UNDER 1 YEAR Hours 0 13. IF UNDER 24 HRS. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Webster County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME S.L. White 13b. MOTHER'S MAIDEN NAME Sarah Kanel 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no
16. SOCIAL SECURITY NO. 494-204491
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Olan Tipton Seymour Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Drown - due to swimming
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 29297 42

18a. DATE OF OPERATION 18b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Seymour
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Seymour Webster MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-26-49 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE K.K. Kelley (Degree or title) 23b. ADDRESS Fordland Mo. 23c. DATE SIGNED 7-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-28-49 24c. NAME OF CEMETERY OR CREMATORY Seymour Cemetery 24d. LOCATION (City, town, or county) (State) Seymour Mo

DATE REC'D BY LOCAL REG. 8-2-49 REGISTRAR'S SIGNATURE Gilbert Jones 343 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Kelley, Ferrell, Beigman Seymour Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 6 1949
District Health Office No. 6,
District File Number 849-908
Date Filed 8-6-49

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 _____

Student Embalmer No. 282

working under my personal supervision.

Student

Max L. Miller
Student Embalmer

Signed

K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address

Fairland 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.