

FILED FEB 4 1950

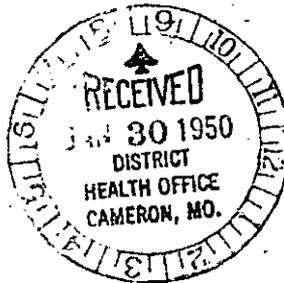
THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1688

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

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 259	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY OR TOWN <u>Brookfield</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>511 Shelby St</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>MAGELINE</u>		c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 22 - 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June - 9 - 1865</u>	
9. AGE (In years last birthday) <u>84</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Bremen Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry W. Kromber</u>		13b. MOTHER'S MAIDEN NAME <u>Mageline King</u>		14. NAME OF HUSBAND OR WIFE <u>George White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Kuhnke</u> ADDRESS <u>Brookfield Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>(a)</sup> <u>Acute Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>fractured hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 yrs.</u> <u>5 yrs</u> <u>two weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brookfield Mo.</u>		21f. HOW DID INJURY OCCUR _____	
21g. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>1942</u> , to <u>Jan 22, 1950</u> , that I last saw the deceased alive on <u>Jan 21, 1950</u> , and that death occurred at <u>4:15</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. B. Simpson D.D.</u> (Degree or title)				23b. ADDRESS <u>2 Brookfield, Mo.</u>		23c. DATE SIGNED <u>1/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan - 24 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-27-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Erwin</u> 167		FUNERAL DIRECTOR'S SIGNATURE <u>Hill Funeral Home</u> ADDRESS <u>Brookfield</u>			



**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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. H. Blacklock*.....

Licensed Embalmer No. *2246*.....

P. O. Address *Brookfield 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.