

FILED JUL 16 1951

STANDARD CERTIFICATE OF DEATH

0350
State File No. 22630

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hornersville Star Rt</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hornersville Star Rt. Clay</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Hornersville Star Rt. Clay Mo. Hornersville Star Rt.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Ann</u> c. (Last) <u>White</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-51</u>		5. SEX <u>F</u> 6. COLOR OR FAIR <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11-11-1897</u>		9. AGE (In years last birthday) <u>72</u> 7 Months <u>7</u> Days <u>18</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Waynesboro, Tenn</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John E. Norton</u>		13b. MOTHER'S MAIDEN NAME <u>Othie Katherine Cromwell</u>	
14. NAME OF HUSBAND OR WIFE <u>James A. White</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. G. White</u> ADDRESS <u>Hornersville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Aneurysm</u> INTERVAL BETWEEN ONSET AND DEATH <u>6-9-51</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>6-16</u> , 19 <u>51</u> , to <u>6-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>51</u> , and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>6-29-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-30-1951</u>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Blytheville, Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson & Son</u> ADDRESS <u>Hornersville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-30-51</u>		REGISTRAR'S SIGNATURE <u>Bertha Kunsching</u>	

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

350
1

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-9-51
COUNTY FILE NUMBER 751-180

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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.