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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17593
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Salt River Primary Registration District No. 3002
(c) City Mexico Mo (d) Street No. 909 W. Mansfield St Registered No. 72E
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Squire White 700

(a) Residence, No. 909 W. Mansfield St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 27, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Mo.

FATHER 13. NAME Dewitt White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

MOTHER 15. MAIDEN NAME Elizabeth Stanley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Mo.

17. INFORMANT (ADDRESS) Cilly Chapman Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo. Elmwood Cemetery, DATE May 9 1938

19. FUNERAL DIRECTOR H.A. Precht & Son (ADDRESS) Mexico, Mo.

20. FILED May 9 1938 B. Lausche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1938 to May 7, 1938
I last saw him alive on May 7, 1938 Death is said to have occurred on the date stated above, at 9:30 A.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
Chronic myocarditis

Other contributory causes of importance:

Senility

Name of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) [Signature] M. D.
(Address) Mexico, Mo.

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

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.)