

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

39596
 Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 95-2
 (b) Township Franklin Primary Registration District No. 3-617
 (c) City..... (d) Street No..... St.
 (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 John White

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Fulks
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16th. 1846
 7. AGE YEARS 92 MONTHS 3 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Tenn.

FATHER 13. NAME John White

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. M. E. Cook
 (ADDRESS) Competition Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Texas County DATE Dec. 2nd, 1938

19. FUNERAL DIRECTOR Palmer & Sons
 (ADDRESS) Lebanon Mo.

20. FILED Dec. 9, 1938 Mrs. Vida Lambeth
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-38, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937 to Jan 20, 1938
 last saw him alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset

Other contributory causes of importance: 108

Name of operation..... 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?.....
 If so, specify.....
 (Signed) J. H. Hough, M. D.
 (Address) Gravel Spring, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Rob Palmer, Licensed Embalmer No. 1161

hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed by

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Rob Palmer

Licensed Embalmer No. 1161

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.)