

Vineyard
REC'D FEB 24 1939

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

2885
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 472
 (b) Township Vineyard Primary Registration District No. 5636
 (c) City _____ (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roland Leon White

(a) Residence, No. Sarcxie, Mo Route 4 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 0 8

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

12. BIRTHPLACE (CITY OR TOWN) Jasper County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Albert White
 14. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Effie Rutherford
 16. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) x Orlan P. White

18. BURIAL, CREMATION, OR OTHER REMOVAL PLACE Cave Spring Cem DATE Jan. 14, 1939

19. FUNERAL DIRECTOR (NAME) Alvin Blake
 (ADDRESS) Sarcxie, Mo.

20. FILED 2/6 1939 How H. Powell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Jan 12, 1939
 last saw him alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 3:45 P. M.
 The principal cause of death and related causes of importance were as follows:

Scarlet fever
 Date of onset 1/7/39
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? No.

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) LeRoy Simmons M. D.
Sarcxie, Mo. (Address) 473

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.

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,

Glen C. Cale

or by

Registered Apprentice No., working under my personal supervision.

Signed

Glen C. Cale

Licensed Embalmer No. **3708**

P. O. Address **Sarcoxie, Missouri**

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, above space should be left blank.