

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4003

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 797
 (b) Township Miaman Primary Registration District No. 6040 Registered No. 1
 (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 BENJAMIN FRANKLIN 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 28

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. Tanner
 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) Brown County Ohio

FATHER 13. NAME Wm G White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

MOTHER 15. MAIDEN NAME Ellen Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) Mrs Oral Kemper 27 S. Miami Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Slater City Mo 4 39

19. FUNERAL DIRECTOR (ADDRESS) Geo. Balge Slater Mo

20. FILED Jan 4 1939 Mrs Aubrey Haynes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-39 1939

22. I HEREBY CERTIFY, That I attended deceased from INQUEST, 1939, to 1-1-39, 1939.

I last saw h. alive on _____, 1939. Death is said to have occurred on the date stated above, at 7 A. m.

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

Natural causes probably apoplexy.

Other contributory causes of importance: 8241

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury _____, 1939

Where did injury occur? Slater City Mo (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) B. C. Bradshaw, M. D.

(Address) Iron Rock, Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/39

STATEMENT BY LICENSED EMBALMER

I, James E. Jones, Licensed Embalmer No. 3143
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Jones & Salge
State Mo L. E.

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

Signed James E. Jones
Licensed Embalmer No. 3143

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.)