

REC'D APR 13 1939

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

10847
Do not use this space.

262

1. PLACE OF DEATH

(a) County GREENE Registration District No. 376
(b) Township 1 Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. 18-26 N. Main 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

34 1/2 James Elwood "Ed" White
(a) Residence, No. 18-26 N. Main 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, WHOSE OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 59 5 28
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Emergencyman
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) 1937 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Mo ()FATHER 13. NAME Elisha Jordan White14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JennMOTHER 15. MAIDEN NAME Mary Lucetta Norman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn17. INFORMANT (ADDRESS) Dr. A. Ned White
1826 N. Main18. BURIAL, CREMATION, OR REMOVAL PLACE Brighton, Mo. DATE March 28, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Truine
Springfield, Mo.20. FILED Mar 27, 1939 Chas. O. Deane (Address) Springfield Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 193922. I HEREBY CERTIFY, That I attended deceased from 1935, 19....., to 3-26, 1939I last saw h. alive on 3-26, 1939. Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Coronary occlusion
95%
Date of onset 2/24/35

Other contributory causes of importance:

Hypertensive Cardia - vascular
arterial

Name of operation..... Date of.....
What test confirmed diagnosis? Electrocardiograph Was there an autopsy? no23. 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) A. Ned White, M. D.
Springfield Mo

WRITE PLAINLY, WITH UNWAIVING INTEGRITY. PHYSICIANS should state AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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.....

Ralph Chieme

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ralph Chieme

Licensed Embalmer No. *3681*

P. O. Address *Springfield, Mo.*

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.