

REC'D MAY 19 1939

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

15034

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 284
 (b) Township Newell Primary Registration District No. 5335
 (c) City or West Plains, Mo. (d) Street No. RT 2 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

3rd Basil Gathen White
 (a) Residence, No. RT 2 West Plains 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 <u>ma</u> | 4. COLOR OR RACE <u>whit</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nequia White</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4 - 1853</u> | | |
| 7. AGE | YEARS <u>85</u> | MONTHS <u>4</u> |
| | DAYS <u>29</u> | IF LESS than 1 day, hrs. or min. |
| 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. | <u>Farmer</u> |
| | 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) <u>Shelby, N. C.</u> | | |
| FATHER | 13. NAME <u>Jonas White</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u> | <u>1</u> |
| MOTHER | 15. MAIDEN NAME <u>unk</u> | <u>1</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u> | |
| 17. INFORMANT <u>Henry White</u> (ADDRESS) <u>West Plains, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Howell Valley</u> DATE <u>4-5-1939</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Robt. Simons</u> <u>West Plains, Mo.</u> | | |
| 20. FILED <u>4-5-1939</u> <u>W. D. SIMONS</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1934 to 4-3-1939, 1939
 I last saw him alive on 3-19-1939. Death is said to have occurred on the date stated above, at 11:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of the prostate
 Date of onset 51

Other contributory causes of importance: 51

Name of operation Prostatectomy Date of 1936
 What test confirmed diagnosis? Operative Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? x 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 P. D. Gurne, M. D.
 (Signed) W. D. SIMONS, M. D.
 (Address) West Plains, Mo.
Shelby

(Licensed Embalmer's Statement on Reverse Side)

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.

FORM 28-19-38 I X16803

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.....

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

working under my personal supervision.

Signed

Raymond A. Roberts

Licensed Embalmer No. *3437*

P. O. Address *Metairie*

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.