

REC'D AUG 22 1939

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

 25839  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County Jackson Registration District No. 400  
 (b) Township Prairie Primary Registration District No. 5953B Registered No. 134  
 (c) City Little Blue Mo (d) Street No. Jackson County Emergency Hosp.  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

 (a) Residence, No. White, Asa E Blue Springs Mo  Blue Springs Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Eve White

 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1886  
 7. AGE YEARS 53 MONTHS 6 DAYS 16 If LESS than 1 day, hrs. or min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter  
 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) Blue Springs Mo

 FATHER 13. NAME Louis K White

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling Va

 MOTHER 15. MAIDEN NAME Mary J. Horn

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

 17. INFORMANT (ADDRESS) Eva White - wife Blue Springs Mo

 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 7-14-39

 19. FUNERAL DIRECTOR (NAME) (ADDRESS) R B Webb Blue Springs Mo

 20. FILED 7/18/1939 Sara J. Berne Local Registrar. 932

## MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1939

 22. I HEREBY CERTIFY, That I attended deceased from 7-9-39, to 7-12-1939.

 I last saw him alive on 7-12-1939. Death is said to have occurred on the date stated above, at m.

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

Coronary thrombosis Date of onset 7-8-39  
948

 Other contributory causes of importance: Myocardial infarction 7-8-39  
Terminal pneumonia 7-11-39

Name of operation Date of

 What test confirmed diagnosis: clinical 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) Maurice L. Jones, M. D.

 (Address) Little Blue, Mo.

**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, .....

*R Burb*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*R Burb*

Licensed Embalmer No.....

*2353*

P. O. Address.....

*Blue Spring*

**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.**