

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

Shaw
26491
Do not use this space.

REC'D AUG 14 1939

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township _____ Primary Registration District No. 6683032 Registered No. 212
(c) City Sedalia (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

300 RALPH GEORGE WHITE
(a) Residence, No. 209 E. Boonville 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 married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1904
7. AGE YEARS 33 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
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. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sedalia 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Andrew Jackson White 1
14. BIRTHPLACE (CITY OR TOWN) Lancaster 0
(STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Sarah Helen Lister
16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri

17. INFORMANT Steen White
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE July 3, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. Langdon
(ADDRESS) Sedalia, Mo.

20. FILED July 3, 1939 W. H. Harry Sward
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from As coroner's case only, 19____
I last saw As coroner's case only Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
72

Other contributory causes of importance:

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? _____ 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) Gordon Stauffer M. D.
(Address) Coroner & Pettis County

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/23/39

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,

Robert H. Reed

, or by

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

Signed

Robert H. Reed

Licensed Embalmer No.

3745

P. O. Address

Sealavia 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.