

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.

SEP 6 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29979

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 712
 (b) Township Richland Primary Registration District No. 4429 Registered No. 16
 (c) City Richland (d) Street No. _____
 (e) Length of residence in city or town where death occurred _____
 (f) How long in U.S., if of foreign birth? _____

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
 (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 <u>M</u>	4. COLOR OR RACE <u>white</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>Lizzie White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10 - 1868</u>		
7. AGE <u>72</u>	YEARS <u>1</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>
10. Date deceased last worked at this occupation (month and year) <u>1928</u>		11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynesville Mo</u>		
13. NAME <u>Samuel White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynesville Mo</u>		
15. MAIDEN NAME <u>Mary Stoner</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynesville Mo</u>		
17. INFORMANT (ADDRESS) <u>Grace White</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richland</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Richland</u>		
20. FILED <u>July 12 1934</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7/12/39</u>	19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>5-10-39</u> to <u>7-12-39</u> I last saw him alive on <u>7-6-39</u> . Death is said to have occurred on the date stated above, at <u>3:30 AM</u> . The principal cause of death and related causes of importance were as follows: <u>Paralysis Agitans</u> Other contributory causes of importance: <u>87</u>	
Name of operation <u>none</u>	Date of _____
What test confirmed diagnosis? <u>none</u>	Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>none</u> 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 <u>none</u>	Nature of injury _____
24. Was disease or injury in any way related to occupation or deceased? If so, specify _____ (Signed) <u>Richland</u> , M. D. (Address) <u>Richland Mo</u>	

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. _____

RECEIVED my personal supervision.

District Health Officer No. 5,

District File Number 939 137

Date Filed 9/13/98

Signed _____

Licensed Embalmer No. 3198

P. O. Address Richland 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29979

Do not use this space.

1. PLACE OF DEATH

- (a) County Pulaski Registration District No. 712
(b) Township Richland Primary Registration District No. 1427 Registered No. 16
(c) City Richland (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 Marion Everett 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 10 - 1868</u>		
7. AGE <u>71</u>	YEARS <u>7</u>	MONTHS <u>4</u>
DAYS <u>2</u>		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.		
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)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. FUNERAL DIRECTOR (ADDRESS)		
20. FILED <u>July 12, 1929</u> <u>Everett A. Oliver</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7/12</u> 19 <u>29</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ I last saw h. _____ alive on _____, 19____. 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: Date of onset _____ Other contributory causes of importance: _____ Name of operation _____ Date of _____ What test confirmed diagnosis? _____ 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) <u>B. E. Hewlett</u> _____, M. D. (Address) <u>Richland</u> _____

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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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

