

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

39186
 Do not use this space.

REC'D DEC 13 1939

1. PLACE OF DEATH *Callaway*
 (a) County..... Registration District No. *104*
 (b) Township..... *Fulton* Primary Registration District No. *9008*
 or
 (c) City..... (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Ruther 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 *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sallie*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 28-1880*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Clothe Cleaning*
 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) *Fulton, Mo*
 FATHER 13. NAME *William White*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 MOTHER 15. MAIDEN NAME *Eliza Ann White*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 17. INFORMANT (ADDRESS) *Mrs. Lulu Logan Jefferson City, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Fulton, Mo* DATE *Nov 22-39*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Eli Bell Fulton, Mo*
 20. FILED *Nov. 22, 1939* *R. N. Crews* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 20 1939*
 22. I HEREBY CERTIFY That I attended deceased from *Aug 1 1939* to *Nov 20 1939*
 I last saw him alive on *Nov 18 1939*. Death is said to have occurred on the date stated above, *8:45 P.M.*
 The principal cause of death and related causes of importance were as follows:
Alcoholic Cirrhosis of the Liver
 Date of onset *124 years*
 Other contributory causes of importance: *Chronic nephritis*
 Name of operation Date of
 What test confirmed diagnosis? *Clinical* 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
 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) *H. D. Owen, M. D.*
 (Address) *Fulton, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton 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.