DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1494

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 615 N. Mullinix 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville (If outside city or town limits, write "RURAL")
(d) Street No. 615 N. Mullinix (If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

3. (a) PRINT FULL NAME Edward White
3. (b) If veteran, name war
3. (c) Social Security No. 491-14-0937
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary White
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December (Month) 17 (Day) 1870 (Year)

8. AGE: Years 69 Months 0 Days 16 If less than one day hr. min.

9. Birthplace New Castel (City, town, or county) England (State or foreign country)
10. Usual occupation Mining
11. Industry or business Coal Mine
MOTHER FATHER
12. Name John White
13. Birthplace (City, town, or county) Scotland (State or foreign country)
14. Maiden name Mary Simpson
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant's own signature Mrs. Mary White
(b) Address 615 N. Mullinix Kirksville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 8 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bevier Cemetery
18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville Mo
19. (a) 1-8-40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1940 hour 2:00 minute 5 P.M.
21. I hereby certify that I attended the deceased from Jan 3, 1940, to Jan 6, 1940, that I last saw him alive on Jan. 6, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis (Lenticulostriate artery)	3 days.
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature H. D. McClure (M. D. or other) DO
Address Kirksville, Mo Date signed Jan 6-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
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RECEIVED
District Health Officer No. 10
District File Number 1-40-181
Date Filed JAN 13 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.