

Registration District No. 63

Primary Registration District No. _____

Registrar's No.

10

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Lon U. White

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased June 20 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 5 hr. min.

9. Birthplace Johnson Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

MOTHER { 12. Name Joseph White

18. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Elliston

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. L. F. Starlock

(b) Address Holden Mo

17. (a) Burial (b) Date thereof 2/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ferguson Cemetery

18. (a) Signature of funeral director John Murray

(b) Address Holden Mo

19. (a) 2/27/40 (b) Mrs. S. V. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town Holden Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1940 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 12, 1939, to Feb 25, 1940;
that I last saw him alive on Feb 25, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Generalized Arterio sclerosis

Due to _____
Other conditions Gen Arterio sclerosis
(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 Kelly Paulina (M. D. certifier)
Address Holden Mo Date signed 2/26/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOTE.—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.

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

Signed

J. H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden, 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.