

FILED APR 17 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10142

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

69-5108

11

1. PLACE OF DEATH:

- (a) County Bollinger  
(b) City or town Brownwood  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether)

In this community 2 months  
years, months or days

3. (a) PRINT FULL NAME Kenneth Ray White 307

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 18 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 19 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Elwood white

13. Birthplace Brownwood Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Strong

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

16. (a) Informant Mrs. Elwood White

- (b) Address Brownwood Mo

17. (a) Burial (b) Date thereof Feb 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Brownwood Mo

18. (a) Signature of funeral director Raymond Morgan

- (b) Address Advance Mo. 77

19. (a) 1/25-1940 (b) Mrs. Jake Berry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Bollinger

- (c) City or town Brownwood  
(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 7  
year 1940 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 7 1940  
to Feb 7 1940

- that I last saw him alive on Feb 7 1940  
and that death occurred on the date and hour stated above.

- Immediate cause of death.

Jaundice

- Due to 1

- Due to 10

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

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?

- (Specify type of place)

- While at work? (e) Means of injury

23. Signature E. C. Masters (M. D. or other) MO

- Address Advance, Mo. Date signed Feb 10 1940

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

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**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.**