

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.

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

16293

Do not use this space.

1. PLACE OF DEATH

- (a) County Stoddard Registration District No. 837
(b) Township Castor Primary Registration District No. 6099 Registered No. _____
(c) City Bloomfield, Route 1 (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

- 300 William B. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) C. Child

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 11

- OCCUPATION 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) Bloomfield Mo.

- FATHER 13. NAME Edna Alice White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Mo.

- MOTHER 15. MAIDEN NAME Virginia Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Joseph Taylor Bloomfield, Mo. R.

18. BURIAL, CREMATION, OR REMOVAL PLACE North Antioch DATE 4-28

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. Hiles and Co. Bloomfield, Mo.

20. FILED Apr-29 1940 Boonie Tunch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26 1940

22. I HEREBY CERTIFY, That I attended deceased from APRIL 20 1940, to APRIL 26 1940

I last saw him alive on APR. 26 1940. Death is said

to have occurred on the date stated above, at 9:40 P. M.

The principal cause of death and related causes of importance were as follows:

BRONCHIAL PNEUMONIA Date of onset 4-25

Other contributory causes of importance:

MEASLES

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) Dr. Davis Dr.

(Address) BLOOMFIELD, MO

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 *Juan Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.