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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 13 1940

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 18411

Registrar's No. 430

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2501 No. BOULEVARD 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 years, months or days) 3 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 2501 N Boulevard (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME DAVID JAMES WHITE.

3. (b) If veteran, name war ✓

8. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased July (Month) 27 (Day) 1851 (Year)

8. AGE: Years 88 Months 9 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Portage Co. (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business Ice Station Co.

FATHER
12. Name Albert Gallatin White
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Macon
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Roland B. White

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hope, Mo.

18. (a) Signature of funeral director J. W. Klaiguer & Co.

(b) Address Springfield, Mo.

19. (a) May 10, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day May year 1940 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from 4-18-40 ~~5-8~~ — 19~~40~~ to 5-8 — 19 40 that I last saw him alive on 5-8 — 19 40 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio Sclerosis with Cerebral hemmorrhage	4/18/40 to 5/10/40
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

94 B

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? 9 & 11 (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Feller (M. D. or other) M.D.

Address Springfield Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr., Registered Apprentice No. 232 working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.