

Registration District No. **852**

Primary Registration District No. **6121**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Reger  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 7  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Reger rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 Near Reger  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Daniel White 3rd

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

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

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

7. Birth date of deceased Feb 18 1893  
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clarksburg W. Va  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph White I

13. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Katie Queen

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

16. (a) Informant C C Yandley

(b) Address La Belle Mo

17. (a) burial (b) Date thereof 6-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry Cem. Near Reger

18. (a) Signature of funeral director C. A. Schoene

(b) Address Milam mo 760

19. (a) June 6 (b) C. Leo Hagan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 9  
1940, to May 13, 1940  
that I last saw him alive on May 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration \_\_\_\_\_ years

Due to Age

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. S. Montgomery (M. D. or other) \_\_\_\_\_  
Address Milam Mo Date signed 6-24-40

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

05

JUN 14 1940

RECEIVED

District Health Officer No. 10

District File Number 6-40-1200

Date Filed JUN 11 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 \_\_\_\_\_

Frank D. Schovene

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank D. Schovene

Licensed Embalmer No. 2916

P. O. Address Milan, Md

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.