

713 SEP 26 1940

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

29883
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 840
 (b) Township Black Creek Primary Registration District No. 6102 45 11 Registered No. 29
 (c) City Paris, Mo. (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 Walter E White
 (a) Residence, No. Paris, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>65</u>	<u>7</u>	<u>21</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 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) Bears, Mo.

FATHER
 13. NAME George White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Leota White
(ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Paris Cemetery DATE Aug. 25, 1940

19. FUNERAL DIRECTOR (NAME) Flora Morgan
(ADDRESS) Adrian

20. FILED 8-26 1940 Deanna Dyer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1940, to Aug 23, 1940
 I last saw alive on Aug 23, 1940 Death is said to have occurred on the date stated above, at 12:50 m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis
arterial sclerosis
95%
 Other contributory causes of importance:
Heart Disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? W Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) E. P. Johnson M. D.
898 (Address) Paris, Mo.

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.

RECEIVED

District Health Officer No. 2,

District File Number 940-143

Date Filed 9/7/40

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,

Lloyd S Morgan

or by

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

Signed

Lloyd S Morgan

Licensed Embalmer No. 3360

P. O. Address Advance, 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.