No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34962

Registration District No. 704 Primary Registration District No. 3008 Registrar's No. 283

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1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs 7 mo 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(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.

3. (a) PRINT FULL NAME Ives White
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DK. (Month) (Day) (Year)
8. AGE: Years 50 (approx) Months DK Days DK If less than one day hr. min.
9. Birthplace DK. (City, town, or county) 4 (State or foreign country)
10. Usual occupation None. 4
11. Industry or business 4
FATHER 12. Name DK
13. Birthplace DK (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name DK
15. Birthplace DK (City, town, or county) (State or foreign country)
16. (a) Informant State Hosp #1 Records
(b) Address Fulton Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-31 40 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director J. C. Roberts
(b) Address Columbia Mo
19. (a) Oct 31 1940 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27th year 1940 hour 9 minute 50 A. M.
21. I hereby certify that I attended the deceased from July 1st, 1938, to Oct 27, 1940; that I last saw h. alive on Oct 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Geo. F. Wood (M. D. or other) MD
Address State Hospital Fulton Mo Date signed 10/28/40

(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.....

....., 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.