

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED NOV 25 1940

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

36482
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline 30 Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3138 Registered No. 156
 (c) City Marshall (d) Street No. MS State school 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 Ira Winford White
 (a) Residence, No. Greenville, Wayne Co., Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	31	7	24	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Greenville, Wayne Co., Mo.

FATHER
 13. NAME J. M. Levi White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

MOTHER
 15. MAIDEN NAME Jennie Richardson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athen, Ohio

17. INFORMANT (ADDRESS) School Board, Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenville, Mo. DATE 10-13-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Hillbeyer, Marshall

20. FILED 10-11-40 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1935, to Oct. 10, 1940
 I last saw him alive on Oct 9, 1940 Death is said to have occurred on the date stated above, at 3:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Cervical sputum (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) J. H. Hillbeyer, M. D.
 (Address) Marshall

STATEMENT TO BE MADE BY THE LICENSED EMBALMER
CONCERNING THE BODY OF THE DECEASED
NAME OF DECEASED

DATE OF DEATH

PLACE HERE THE NAME OF THE DECEASED

DATE OF DEATH

PLACE HERE THE NAME OF THE DECEASED

TO BE FILLED IN BY THE LICENSED EMBALMER



RECEIVED
District Health Officer No. 8,
District File Number
11-13-70
Date Filed

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 *Felix Remy*

Licensed Embalmer No. *H127*

P. O. Address *Marshall, 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.