

No. 2  
4-13-40  
-17-39  
X23150

Registration District No. **467**

Primary Registration District No. **4280**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **Aurora**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**118 East Springfield St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Aurora**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **118 East Springfield St.**  
(If rural, give location)  
2) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Jephtha B White**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Emma Jane White** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug. 12 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Aurora Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Gardner**

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

12. Name **Jephtha White**  
13. Birthplace **Butler County Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maria Sutton**  
15. Birthplace **Butler County Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charley White**  
(b) Address **Aurora Mo.**

17. (a) **Burial** (b) Date thereof **11/18/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Aurora Mo.**

18. (a) Signature of funeral director **J. F. King**  
(b) Address **Aurora Mo.**

19. (a) **Dec 2, 1940** (b) **R. D. Cowan**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16** year **1940** hour **2** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **Nov 12** 19 **40** to **Nov 16** 19 **40**  
that I last saw him alive on **Nov 16** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

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

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 **W. P. Herron** (M. D. or other) \_\_\_\_\_  
Address **Aurora Mo** Date signed **Nov 18/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

REC'D DEC 2

16 2

RECEIVED

District Health Officer No. 6,

District File Number 1240-2989

Date Filed DEC 10 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Herma Surrige*

Licensed Embalmer No. 3072

P. O. Address.....

*Aurora Ind*

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, fact should be so stated above.