

No. 2  
4-13-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39989**

DEC 14 1940

Registration District No. **877**

Primary Registration District No. **45-30**

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Schell city  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community over 50 years  
years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME JAMES ELLIOT 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 Married

6. (b) Name of husband or wife Lola white 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 12, 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cynthiana Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business grocery

MOTHER FATHER

12. Name James M. White

13. Birthplace Harrison Co. Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Lucas

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

16. (a) Informant J. H. Garrison

(b) Address Schell city, Mo.

17. (a) Burial (b) Date thereof Nov. 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Lute Lewis & Son

(b) Address Schell city, Mo.

19. (a) Nov 4-40 (b) Pearle Raynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Schell city  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1940 hour 8 minute 49 M.

21. I hereby certify that I attended the deceased from Sept 14, 1940, to Nov 12, 1940 that I last saw him alive on Nov 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis

Due to g/a

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

Other conditions Hemiplegia  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 3 weeks

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? 80'

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

23. Signature J. H. Garrison (M. D. or other) 1

Address Schell City Date signed 11-4-40

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

08

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1734

Expirated 12-10-40

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**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

*Marion M. Lewis*

Licensed Embalmer No. 3084

P. O. Address Schell city, 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, fact should be so stated above.**