DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2283

Registration District No. 207 Primary Registration District No. 4128 - Registrar's No. 29-4

1. PLACE OF DEATH:
(a) County: Clinton
(b) City or town: Plattsburg
(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 ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clinton
(c) City or town: Plattsburg
(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: James White
3. (b) If veteran, name war ____
3. (c) Social Security No. 495-09-6232

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mary Jane White
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: April (Month) 6 (Day) 1898 (Year)

8. AGE: Years 42 | Months 9 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: ~~Tennasee~~ (City, town, or county) / (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: ____

FATHER
12. Name: ~~Not Known~~
13. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature: Mary Jane White
(b) Address: Plattsburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 20 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Plattsburg Missouri
18. (a) Signature of funeral director: O'Brien - Tyson
(b) Address: Plattsburg Missouri
19. (a) Jan 18-'41 (Date received local registrar) (b) Eunice Chastain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Jan 16, 1941, to Jan 18, 1941; that I last saw him alive on Jan 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes - Mellitus — Duration: Two yrs
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations ____ Of autopsy ____

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: S D Reynolds (M. D. or other)
Address: Plattsburg Mo Date signed 1-18-41

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Darrell D. Fryar

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.