

Registered District No. 269

Primary Registration District No. 5376

33000
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Dent
 (b) City or town Norman
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXX
(Specify whether years, months or days)
 In this community all his life

3. (a) PRINT FULL NAME James A White
 3. (b) If veteran, name war XX
 3. (c) Social Security No. XX

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Susie Crumm
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased March 9 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months - Days -
 If less than one day hr. - min. -

9. Birthplace XX KY.
(City, town, or county) (State or foreign country)

10. Usual occupation Dent On Mo
 11. Industry or business farmer

MOTHER FATHER
 12. Name Larkin White
 13. Birthplace XX KY.
(City, town, or county) (State or foreign country)
 14. Maiden name Went Idnow
 15. Birthplace --- --- 4
(City, town, or county) (State or foreign country)

16. (a) Informant Orval White
 (b) Address Salem Mo

17. (a) burial (b) Date thereof 3/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Boss, Wm.

18. (a) Signature of funeral director [Signature]
 (b) Address Salem Mo

19. (a) 3-10-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dent
 (c) City or town Norman
(If outside city or town limits, write "RURAL")
 (d) Street No. XXX
(If rural, give location)
 (e) If foreign born, how long in U. S. A? XXX 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
 year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Feb 14, 1941, to Mar 8, 1941;
 that I last saw him alive on March 8, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Branchio-Pneumonia Stage following attack of Influenza

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy _____

Duration of illness _____
 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? 2 1 0
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
 Address Salem, Mo. Date signed 3/10/41

RECEIVED

District Health Officer No. 5,

District File Number 2415-17

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 _____

working under my personal supervision.

_____, Registered Apprentice No. _____

No embalming

Signed _____

_____, Licensed Embalmer No. _____

P. O. Address _____

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.