

No. 2  
-13-40  
17-39  
X235

FILED APR 9 1941

Registration District No. 470

Primary Registration District No. 4683

Registrar's No. 47

0005  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 360  
(Specify whether years, months or days)

In this community 360

2. USUAL RESIDENCE OF DECEASED: 29

(a) State Missouri (b) County Dade

(c) City or town Everton  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lyman R. 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 Mabel Vanderpool White 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased Feb 12th 1903  
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 35 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Ash Grove Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Samuel White

13. Birthplace Girard Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Ona Baker

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

16. (a) Informant E. McMichael Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof 3-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Mo

18. (a) Signature of funeral director [Signature]

(b) Address Waverly St

19. (a) 3-28-1941 (b) P. A. HOLMES  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
year 1941 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from April 2, 19 40 to March 28th, 19 41  
that I last saw him alive on March 28th, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia TB Duration About 32 months

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

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

Other conditions 12/21  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 42

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

23. Signature [Signature] (M. D. or other) 11

Address Waverly St Date signed 28 Mar

RECEIVED

District Health Officer No. 6,

District File Number

441-544

Date Filed

APR 5 1941

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

*Genea Brown*

Licensed Embalmer No.

*1454*

P. O. Address

*Walrus Iron M*

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.