

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22407

Registration District No. 669

Primary Registration District No. 4401

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 70 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME David White
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 2 - 1830
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 8 24 hr. min

9. Birthplace Madison County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired merchant

12. Name John R White

13. Birthplace State of Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary DeBard

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

16. (a) Informant's own signature Florence White

(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 6-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Cem

18. (a) Signature of funeral director A. F. Neumann

(b) Address Smithton Mo

19. (a) June 27 (b) Mrs H L Monson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton Mo
(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 June day 26
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 2, 1941, to June 26, 1941
that I last saw him alive on June 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 10

Due to Nephritis from cystitis & prostatitis

Other conditions 172
(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 _____

28. Signature Chas D Brown (M. D. or other) _____
Address 3edalus Mo Date signed 6-28/41

PHYSICIAN
Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

8
RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-12-41

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..... *A. F. Meyer*

Licensed Embalmer No. *3912 (3912)*

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, above space should be left blank.