

Registration District No. 17 Primary Registration District No. 5021 Registrar's No.

1. PLACE OF DEATH:
(a) County Atchinson
(b) City or town Rural, Clark 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
In this community 64 yrs.
years, months or days

3. (a) PRINT FULL NAME EDWARD, HUBBARD, WHITE

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male Color or race white
5. Color or race white
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Adeline Maunch White
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased October 22 1848
(Month) (Day) (Year)

8. AGE: Years 92 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Weathersfield Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Abraham White

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Martha Hubbard
(City, town, or county) (State or foreign country)

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

16. (a) Informant Austin White
(b) Address Fairfax, MO

17. (a) Burial (b) Date thereof Sept-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairfax, MO
18. (a) Signature of funeral director John M. Davis
(b) Address Fairfax, MO

19. (a) Sept 26 1941 (b) Etta B. Blusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchinson
(c) City or town Rural
(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

20. DATE OF DEATH: Month September day 24
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-2-41
19 to 9-24 1941
that I last saw him alive on 9-20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion

Due to Hypertension, Gen'l Arteriosclerosis

Due to mitral stenosis

Other conditions Bilateral inguinal hernia
(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?

(Specify type of place)
While at work? (c) Means of injury

23. Signature H.C. Pearson (M. D. or other)
Address Springfield Date signed 9/25/41

Duration 1 hr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Frost A. Browning
Licensed Embalmer No. 3338
P. O. Address Jarvis, 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.