

S. No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34638

Registration District No. 189

Primary Registration District No. 2243

Registrar's No.

300

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

1. PLACE OF DEATH: Clark  
 (a) County Clark  
 (b) City or town Gregory, Missouri  
 (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 20 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Clark  
 (c) City or town Gregory, 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.

3. (a) PRINT FULL NAME William Henry White  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 22 nd  
 year 1941 hour 11 minute 35 A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Phobe 6. (c) Age of husband or wife if alive 65 years  
Ann Shaw White  
 7. Birth date of deceased November 4, 1879  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 13 1941 to Oct. 22 1941.  
 that I last saw him alive on Oct. 22 1941.  
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 11 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage  
 Due to Arteriosclerosis  
 Due to \_\_\_\_\_

9. Birthplace Memphis, Mo.  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 Due to \_\_\_\_\_

10. Usual occupation Retired Section Foreman

Major findings: Of operations 43a  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name John Newton White  
 13. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hannah Staven  
 15. Birthplace Canton, Mo.  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Phobe Ann White  
 (b) Address Gregory, Mo.  
 17. (a) Burial (b) Date thereof Oct. 24, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Prayer Cemetery

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 D

18. (a) Signature of funeral director W. J. Fisher  
 (b) Address Wayland, Mo.  
 19. (a) Oct. 25, 1941 (b) D. F. S. R. Co.  
 (Date received local registrar) (Registrar's signature)

23. Signature P. W. Jennings (M. D. or other)  
 Address Canton, Mo. Date signed 10/24/41

RECEIVED

District Health Officer No. 10

District File Number 11-41-2031

Date Filed NOV 13 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.....

Vernon C. Ryan, Registered Apprentice No. 264  
working under my personal supervision.

Signed H. F. Kircher

Licensed Embalmer No. 2611

P. O. Address Wayland

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.