S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35456

Registration District No. 376 Primary Registration District No. 5682 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Wheeling 2 w fr
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community [illegible] life 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME W[illegible] Rusel White

3. (b) If veteran [illegible] name war[illegible] N

3. (c) Social Security No. X

4. Sex ma[illegible] 0 5. Color or white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive X years

7. Birth date of de[illegible] March (Month) 12 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
80	7	12	hr. min.

9. Birthplace Linn Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Jane Callaway
15. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Don Ewing
(b) Address Wheeling Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Parson Creek cem.

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Oct 25 '41 (Date received local registrar) (b) Jeanette Switzer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 3, 1941, to October 24, 1941; that I last saw him alive on October 24, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic poisoning	1 week.
Due to Nephrosis	1 year.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature E. N. Robinson (M. D. or other) D-O
Address Wheeling, Mo. Date signed Oct 25 '41

100 (Licensed Embalmer's Statement on Reverse Side)

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 Frank L. Smiley, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.