

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38803

Registration District No. 534

Primary Registration District No. 5717

Registrar's No.

1. PLACE OF DEATH:

(a) County Mason
(b) City or town Near Newburg
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 61
(c) City or town _____ (If outside city or town limits, write "RURAL") 8
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gallie 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 9

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 19 1975
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation farm laborer

11. Industry or business _____

12. Name Jefferson White

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Rice

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mark White

(b) Address Clifton Hill Mo

17. (a) _____ (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everead Cemetery

18. (a) Signature of funeral director Henry C. Garity

(b) Address Elud Mo

19. (a) Rev. J. W. (b) Mo. Phil. Edes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____
that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia (drowning) Duration _____

Due to wagon turning on side pinning him underneath wheel
Due to crossing a creek on load of wood. Face impacted in sand and water.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____ 142 16

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) Accident

(b) Date of occurrence 11-21-41 O b 1

(c) Where did injury occur Mo Carbon Mason Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

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

23. Signature W. E. Edwards (Specify name of physician or other)

Address Bever Mo Date signed 11/24/41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2265

Date Filed DEC 18 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.....

Henry C. Young

working under my personal supervision.

Registered Apprentice No.

Signed *Henry C. Young*

Licensed Embalmer No. 3902

P. O. Address Calhoun

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.