

FILED FEB 19 1942

Registration District No. **283**

Primary Registration District No. **4166**

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Campbell
(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 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS SANFORD WHITE
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** W
6. (a) Name of husband or wife Anna White **6. (c) Age of husband or wife if alive** 64 years
7. Birth date of deceased. May 5 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Washington Ind.!
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Sanford White
13. Birthplace Ind.!
(City, town, or county) (State or foreign country)
14. Maiden name Driggs
15. Birthplace Ind.!
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Dover

(b) Address Campbell, Mo

17. (a) (b) Date thereof Jan 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Walter D. ...
(b) address ...
19. (a) (b) Registrar's signature Mrs. L.P. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Douglas
(c) City or town Campbell
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 7 1942 to Jan 25 1942
that last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death abdominal cancer Duration

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 on or about home, in farm, in industrial place, in public place?
John L. ...
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

RECEIVED

District Health Office No. 2

District File Number 242-280

Date Filed 2-17-42

MAR 10 1942

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.....

..... Licensed Embalmer No.....

..... 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, fact should be so stated above.