

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2825

Registration District No. 538

Primary Registration District No. 5727

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural-Castor township  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jesse Roland White

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased April 3 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 8 26 hr. \_\_\_\_\_ min.

9. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher

11. Industry or business Rural school

12. Name Russell J. White

13. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Bell Howell

15. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Bell Howell White

(b) Address R.F.D. #2, Fredericktown, Mo

17. (a) Burial (b) Date thereof 12-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Ayers

(b) Address Fredericktown, Missouri

19. (a) Dec 30-1941 (b) S. C. Slaughter  
(Date received local registrar) (Registered embalmer)

481

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Higdon, Missouri  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th.  
year 1941 hour 8: minute A. M.

21. I hereby certify that I attended the deceased from Nov 27, 1941, to Dec 29, 1941;  
that I last saw him alive on Dec 27, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus  
Due Also Anemia  
Due to Nervosis

Duration 1 hour  
4 weeks  
years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a  
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? \_\_\_\_\_

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

23. Signature S. C. Slaughter (M. D. not)  
Address 122 W. Main Fredericktown Date signed 12/30/41

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

2  
0  
0

**RECEIVED**

District Health Officer No. 4.....  
District File Number 142-45.....  
Date Filed 1-13-42.....

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**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

*Stanley A. Dixon*

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.**