DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1942

Registration District No. 14

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 6145

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County: CALLAWAY

(b) City or town: FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 907 WALNUT ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 27 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CALLAWAY 14

(c) City or town: FULTON 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 907 WALNUT 2
(If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: JOHN MITCHELL WHITE

3. (b) If veteran, name war: No

3. (c) Social Security No. 497-05-9043

4. Sex: MALE 1

5. Color or race: WHITE

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

6. (b) Name of husband or wife: BEULAH WHITE

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: JAN. (Month) 24 (Day) 1883 (Year)

8. AGE: Years 59 | Months 0 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: ASHLAND (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: MILLER

11. Industry or business: MILLING

FATHER
12. Name: G. W. WHITE
13. Birthplace: MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ELIZABETH FORBIS
15. Birthplace: BOONE COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Mrs. John White
(b) Address: Hutton Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: HILLCREST CEMETERY

18. (a) Signature of funeral director: Leo G. Wallace
(b) Address: FULTON, MISSOURI

19. (a) 2-19 42 (Date received local registrar) (b) Joseph Mossenkoff (Registrar's signature)

1147 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1942 hour about 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 15 1942 to Feb. 17 1942 that I last saw him alive on Feb. 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pneumonia — Duration

Due to: Chronic Myocarditis — General years

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

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 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: D. M. Lewis (M. D. or other)
Address: Fulton Mo. Date signed: 2/18/42

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6145

Registration District No. 104 Primary Registration District No. 3008 Registrar's No.

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: John M White
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan (Month) 24 (Day) 1883 (Year)

8. AGE: Years 59 Months — Days — If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day year 1942 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: Bronchio Acute Pneumonia — Duration
Due to: (Acute Bronchio Pneumonia)
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: 107

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY