

FILED MAR 11 1942

State File No. _____

Registration District No. 89-2-65

Primary Registration District No. 61-91-6192

Registrar's No. 3

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town SILVA Logan, Mo
(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 71 years - 15 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111
(c) City or town SILVA (Rural) 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 mi. out of Silva 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 19 1942
year 1942 hour 12:08 minute P. M.
21. I hereby certify that I attended the deceased from Jan 16 P. 1942
to Jan 19 P. 1942
that I last saw him alive on Jan 19 P. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 430

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
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) _____ (Specify means of injury) _____
While at work? _____
23. Signature William J. Wagner (M. D. 1900)
Address Greenview 700 Date signed 1-20-42

3. (a) PRINT FULL NAME JAMES WILLIAM HENRY WHITE
3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JULIA WHITE 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JAN 4 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace BURBANK MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name ROMULUS WHITE

13. Birthplace NORTH CAROLINA (City, town, or county) (State or foreign country)

14. Maiden name ELIZA EPLEY

15. Birthplace UNKNOWN TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant JULIA WHITE

(b) Address SILVA, MO

17. (a) BURIAL (b) Date thereof JAN 21 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW PROSPECT - NEAR SILVA

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) MAR 1, 1942 (b) Mrs. Lottie M. Annis (Date received local registrar) (Registrar's signature)

1222

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

1100

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Norman W. Gish
Licensed Embalmer No. 3387
P. O. Address Ridmont, 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.