DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4085

State File No. 10490

Registrar's No. 56

1. PLACE OF DEATH:

(a) County CASS.

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

(c) Name of hospital or institution:
At Home. Not in hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply.
(Specify whether
In this community 63 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.

(c) City or town Drexel.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN HARLOW WHITE.

3. (b) If veteran, name war None.

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 Catherine G. White.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June. (Month) 1st. (Day) 1862. (Year)

8. AGE: Years 79 Months 10 Days 13. If less than one day hr. min.

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

10. Usual occupation Registered Pharmacist.

11. Industry or business Drug Store.

FATHER
12. Name Henry White.
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Minerva Saunders
15. Birthplace (City, town, or county) Va. (State or foreign country)

16. (a) Informant's own signature Mrs. J. Harlow White
(b) Address Drexel, Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Apr. 16, 42. (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.

19. (a) 4/15/42. (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 14
year 1942. hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from March, 2nd, 42, to April, 14, 1942;
that I last saw him alive on April, 14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	3 wks
Due to: Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

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 Basil O Hartwell MD (M. D. or other)
Address Drexel Mo Date signed 4/15/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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~~XXXXXXXXXXXX~~ personally. ~~XXXXXXXXXXXXXXXX~~, ~~XXXXXXXXXXXXXXXXXXXXXXXX~~

Signed J. B. Hays

Licensed Embalmer No. 1950.

P. O. Address Drexel, Missouri.

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, above space should be left blank.