

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19228

State File No. _____

Registration District No. 832

Primary Registration District No. 4518

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan, Mo.
(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 lifetime years, months or days

3. (a) PRINT FULL NAME Thomas Simpson 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 Laverda White 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec 27, 1896
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation R.R. Watchman, retired

11. Industry or business Crossing watchman

12. Name Hugh Wright White

13. Birthplace no data
(City, town, or county) (State or foreign country)

14. Maiden name Cecilia Barnett

15. Birthplace Sullivan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. Simpson White

(b) Address Milan, Mo.

17. (a) Burial (b) Date thereof Mar 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Bur. Milan,

18. (a) Signature of funeral director Schoenewald
(b) Address Milan, Mo. (Frank)

19. (a) June 2, 1942 (b) Mrs. L. D. Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan, 105
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 1935, to May 24, 1942
that I last saw him alive on April, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 5 yrs.

Due to Tubes Dorsalis 6 yrs.
chronic interst. renal nephritis 4 yrs.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

12/10
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) _____
(e) Means of injury _____

23. Signature E. Simpson (M.D. or other) _____
Address Milan Date signed 5-27-42

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

05
1
0

RECEIVED

District Health Officer No. 10

District File Number 6-42-1260

Date Filed JUN - 9 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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milwaukee, Wis.

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.