

FILED JUN 19 1942

Primary Registration District No. 6188

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Silva, North Carolina  
(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 72 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne  
(c) City or town Silva  
(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 Rutha ANN White

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1942 hour 10 minute 10 P.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.

4. Sex F M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wilson White 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased July 23 1869  
(Month) (Day) (Year)

Immediate cause of death old age  
Duration 1 yr

8. AGE: Years 72 Months 5 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Wayne Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Chas. Wakefield

Major findings: Of operations \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard White

(b) Address Silva

17. (a) Burial (b) Date thereof 4 6 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bounds Creek

18. (a) Signature of funeral director Walter J. ...

(b) Address ...

19. (a) April 6 1942 (b) ...  
(Date received local registrar) (Registrar's signature)

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 8

23. Signature Leonard White (M.D. or other) Son  
Address Silva Date signed 4-6-42

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

11  
8

RECEIVED

District Health Officer No. 4  
District File Number 642-706  
Date Filed 6-8-42

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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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19300

Registration District No. ....

Primary Registration District No. 6188

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Rural  
(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 72 yrs.  
years, months or days)

3. (a) PRINT FULL NAME Rutha Ann White

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Wilson 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 23  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 1 If less than one day min.

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

10. Usual occupation Home wife

11. Industry or business

12. Name Charles Wakefield

13. Birthplace Seneca, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name

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

16. (a) Informant Leonard White

(b) Address Silva

17. (a) Burial (b) Date thereof 4-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boards Weeks

18. (a) Signature of funeral director Watkins Funeral H.

(b) Address Lexington, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne  
(c) City or town Silva  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1942 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him live on and that death occurred on the date and hour stated above. Immediate cause of death old age

Duration 1 yr

Due to

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.

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(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) (a) Means of injury

23. Signature Lucy Bennett (M. D. or other) Registrar  
Address Silva Date signed

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

SUPPLEMENTARY

