

FILED JUL 23 1942 79

Registration District No. 79

Primary Registration District No. 8-0-6-5198716

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Boone Boonville, Mo.  
(b) City or town Boone  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Boonville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Robert Aubrey White

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex

Male

5. Color or race White

6. (a) Single, widowed, married, divorced unmarried

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased

Oct. 29, 1877  
(Month) (Day) (Year)

8. AGE:

Years 64 Months 6 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Boone Co Mo  
(City, town, or county)

0  
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name James White

13. Birthplace Boone Co  
(City, town, or county)

0  
(State or foreign country)

14. Maiden name Elizabeth Robinson

15. Birthplace Boone Co  
(City, town, or county)

0  
(State or foreign country)

16. (a) Informant

Miss Robert Aubrey White

(b) Address

R.D. Clark #10

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

June 11, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation

Perches

18. (a) Signature of funeral director

Joe W. Burton

(b) Address

Highway #10

19. (a)

June 16, 1942  
(Date received local registrar)

(b)

Edna H. Barber  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month June day 9  
year 1942 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 7  
November 16, 1941, to June 9, 1942  
and that death occurred on the June 9 date and hour stated above.  
that I last saw him alive on June 1, 1942

Immediate cause of death Tuberculosis  
Diagnosis not known. It was diagnosed by X-ray in April 1942.

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

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

Other conditions \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature

W. D. Hurdon (M. D. or other) Dr.

Address

Highway #10

Date signed

6-10-1942

1251

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

10  
00

**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..... *W. Starfield* .....  
Licensed Embalmer No. *2647* .....  
P. O. Address *Mason 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.**