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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

Registration District No. 245

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3047~~ 5836

State File No. Reynolds 24886

Registrar's No. 93

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: NEOSHO MO. 1 R #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73 0 0

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

(d) Street No. NEOSHO MO. R #4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John McNEAL White

3. (b) If veteran, name war NONE

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

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife LILLY White

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased MAY (Month) 24 (Day) 1863 (Year)

8. AGE: Years 79 Months 1 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace NEWTON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMER

FATHER
12. Name LEONARD White
13. Birthplace UNKNOWN (City, town, or county) TENN. 1 (State or foreign country)

MOTHER
14. Maiden name CLEMENTINE GRIMES
15. Birthplace UNKNOWN (City, town, or county) VIRGINIA 1 (State or foreign country)

16. (a) Informant Marshall White
(b) Address Tulsa Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Green Cemetery

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Missouri

19. (a) 7-23-1942 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12 year 1942 hour 6:30 minute a. 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.

Immediate cause of death Strangulation by hanging himself around neck by rope

Due to .....

Due to .....

Other conditions 164 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Suicide

(b) Date of occurrence July 17 - 1942

(c) Where did injury occur? Neosho (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? No (e) Means of injury 7

23. Signature J. R. Reynolds Coroner (M. D. or other)

Address Neosho Mo Date signed 7-23-42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1273
Date Filed AUG 17 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 Carey O. Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.