26680

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 28 1942

Registration District No. 3 8

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 3 0 0 6 - 5 - 1 - 2 - 0

Registrar's No. 127

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

1. PLACE OF DEATH:

(a) County: BOONE

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

(c) Name of hospital or institution: BOONE COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: MISSOURI (b) County: BOONE

(c) City or town: STURGEON — MO
(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.? 1 years.

3. (a) PRINT FULL NAME: SHERD WILLIAM WHITE

3. (b) If veteran, name war: VET. OF WORLD WAR

3. (c) Social Security No. 491-07-0514

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of ~~husband~~ or wife: GEORGIA WHITE

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: APR. (Month) 29 (Day) 1891 (Year)

8. AGE: Years 51 Months 3 Days 20 If less than one day hr. min.

9. Birthplace: STURGEON, MO (City, town, or county) (State or foreign country)

10. Usual occupation: CARPENTER

11. Industry or business:

FATHER
12. Name: JOEL CHAPMAN WHITE
13. Birthplace: MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MISSIE LEE TURNER
15. Birthplace: MO (City, town, or county) (State or foreign country)

16. (a) Informant: MRS GEORGIA WHITE
(b) Address: STURGEON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG-21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. HOREB

18. (a) Signature of funeral director: A. E. BOOTHE
(b) Address: STURGEON

19. (a) 8-24-1942 (Date received local registrar) (b) Edna K Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1942 hour 5-45 minute P M.

21. I hereby certify that I attended the deceased from Aug 19, 1942 to Aug 19, 1942 that I last saw him alive on Aug 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lysol poisoning	1 P
Due to: Lysol	
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence Aug 19, 1942 118
(c) Where did injury occur? Columbia Boone Co (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)
While at work? (e) Means of injury Lysol

23. Signature E. S. Baskett (M. D. or other) M.D
Address Columbia Mo Date signed 8/24/42

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1942 SEP 21 1942

AUG 31 1942

AUG 28 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 O. E. Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26680

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 177

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1M (Specify whether years, months or days)
In this community X

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME: Sherd William White

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 491-07-0814

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Georgia

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

7. Birth date of deceased: April (Month) 29 (Day) 1889 (Year)

8. AGE: Years 51 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Lysol Poisoning — Duration 1

Due to: Lysol

Due to:

Other conditions (Include pregnancy within 3 months of death): 1794 13

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): probably accident
(b) Date of occurrence: Aug 19, 1942 time unknown
(c) Where did injury occur? Columbia Boone Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown place (Specify type of place)
While at work? No (e) Means of injury: Lysol

23. Signature: E. D. Baskett (M.D. or other) M.D.
Address: Columbia Mo. Date signed 8/26/42