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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30856

Registration District No. 208 Primary Registration District No. 5764 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural. Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City R.F.D. 3. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Rural. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City, R.F.D. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tom. White.

3. (b) If veteran, name war None.

3. (c) Social Security No None

4. Sex Male 0

5. Color of race White

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

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 15 (Day) 1869 (Year)

8. AGE: Years 73. Months 5. Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name James White
13. Birthplace D.K. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Gander
15. Birthplace D.K. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lydia Moody
(b) Address 412 Marquette ave. So.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (Month) (Day) (Year) Milwaukee Wis.
(c) Place: burial or cremation St Judes

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Mo.

19. (a) 9/23/42 (Date received local registrar) (b) Mrs Margaret Maddox Deputy (Registrar's signature)

114 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1942 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept. 18, 1942 to Sept. 21, 1942
that I last saw him alive on Sept. 21, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrage	4 days.
Due to Hypertensive Cardio-Vascular Renal Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13/a

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)
While at work? (e) Means of injury

23. Signature Harold F. Ellis (M. D. or other) D.O.
Address Monroe City Date signed 9-22-42

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 by me.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.