V. S. No. 2
50M—5-42
Rev. 5-17-39
I - X32873

163
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1942

Registration District No. 338

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31531

Primary Registration District No. 6148

Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard - Castor -
(b) City or town Essex R. 2 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
In this community around 40 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Essex Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Warick 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 Widowed
6. (b) Name of husband or wife Edith White
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 26 (Day) 1874 (Year)

8. AGE: Years 67 Months 11 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Farming
11. Industry or business Some
MOTHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Jane Wright
15. Birthplace Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Harold Gillett
(b) Address Essex R. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bluff Cem.
18. (a) Signature of funeral director Watkins Fun. Serv
(b) Address Bloomfield Mo.
19. (a) Sept 19-1942 (Date received local registrar) Hark Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11th year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/10/42, 19..., to 9/10/42, 19...; that I last saw h... alive on 9/10/42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	
Due to: Over exertion.	
Due to:	
Other conditions (Include pregnancy within 3 months of death) 94	

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

23. Signature Dr. M C Nice (M. D. or other) DO
Address Piketon Mo Date signed 9/10/42

1130

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1225
Date Filed 10-5-42

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.....

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

working under my personal supervision.

Signed B. J. Brentlinger

Licensed Embalmer No. 420

P. O. Address Dexter, 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.