

Registration District No. **3000** Primary Registration District No. **3000**

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

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kennett**
(c) Name of hospital or institution: **Truett South O**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
In this community **Life time** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**
(c) City or town **Kennett**
(If outside city or town limits, write "RURAL")
(d) Street No. **B. O. S. & Pine**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **O**

3. (a) PRINT FULL NAME

JAMES HENRY WHITE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Bertha** 6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **Oct. 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **20** Days **hr** min.

9. Birthplace **Kennett Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business

MOTHER FATHER
12. Name **Henry J. White**
13. Birthplace **Maryland**
(City, town, or county) (State or foreign country)
14. Maiden name **Maryland**
15. Birthplace **Maryland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha White**

(b) Address **708 E. Pine - Kennett**

17. (a) **Burial** (b) Date thereof **10/29/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Cemetery**

18. (a) Signature of funeral director **Sumner Powell**

(b) Address **1113/42**

19. (a) **11/3/42** (b) **Ms. J. W. Wayne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **27th** day **Oct**
year **1942** hour **11** minute **P** M.

21. I hereby certify that I attended the deceased from **June 1st** 1942 to **Oct 27** 1942
that I last saw him alive on **Oct 27** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**

Due to **Hypertension**

Due to

Other conditions (Include pregnancy within 3 months of death) **8301**

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 **W. S. ...** (M. D. or other)
Address **Kennett Mo** Date signed **10/28/42**

STATEMENT BY LICENSED EMBALMER

RECEIVED

District Health Officer No. 10

District File Number 11-42-2013

Filed NOV - 9 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 W. C. Summers

Licensed Embalmer No. 3159

P. O. Address Bucksville

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.