

FILED FEB 10 1943
Registration District No. 66

Primary Registration District No. 5255

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

1. PLACE OF DEATH:

(a) County Chariton-Clark, Jup

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John White

3. (b) If veteran, name was -

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 Lusie Whisenand White 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Sept 5- 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 4 20 hr. min.

9. Birthplace near Ethel Mo. Macon Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Frank White

13. Birthplace Macon Co Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Maretha Shwett

15. Birthplace Macon Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Johnson

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Jan 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Jas. M. [unclear]

(b) Address Marceline Mo

19. (a) Jan. 26, 1943 (b) Ruth Stoner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Marceline Mo 21
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25-
year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan. 25, 1943
that I last saw him in alive on Jan. 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Larynx 1 yr?

Due to no biopsy or autopsy. Treated last year at Ethel

Due to Stachel Cancer Hospital, Columbia Mo.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 47a

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? _____

While at work? _____ (Specify type of place)

(a) Means of Injury: 2 _____

23. Signature John W. [unclear] (M. P. or other) Do

Address Marceline Mo. Date signed 1-25-43

1025

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-9-43

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

Dale Bunch

Licensed Embalmer No.

4088

P. O. Address

Marceline Me.

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.