. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7804

State File No.

FILED MAR 8 1943

Registration District No. 8325

Primary Registration District No. 4479

Registrar's No. 57

98
0
0

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

1. PLACE OF DEATH
(a) County Schuyler
(b) City or town Queencity MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler 98 0
(c) City or town Queencity 0
(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 0

3. (a) PRINT FULL NAME Jesse E. White
3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 4 (Day) 1879 (Year)

8. AGE: Years 63 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Near Queencity (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation Common Laborer
11. Industry or business School janitor
FATHER
12. Name Wm R White
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)
MOTHER
14. Maiden name Samantha J Dalton
15. Birthplace Near Queencity (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant Clara Gosser
(b) Address Queen City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) - 21 (Day) - 1943 (Year)
(c) Place: burial or cremation Queencity Cemetery
18. (a) Signature of funeral director Wm N West
(b) Address Queencity Mo
19. (a) 3/20-1943 (Date received local registrar) (b) A. Justice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1943 hour about 8 minute 8:30 A 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 Cerebral Embolus
Due to Found Dead
Due to
Other conditions (Include pregnancy within 3 months of death) 83 b
Major findings:
Of operations
Of autopsy

Duration

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 H H Keller (M. D. or other) CO.
Address Fairchild Mo Date signed

1278 (Licensed Embalmer's Statement on Reverse Side) Feb 26 1943

MAR 10 1943

RECEIVED
District Health Officer No. 10
District File Number 3-43-418
Date Filed MAR 5 1943

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 Self, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm H West

Licensed Embalmer No. 2882

P. O. Address Lucenecity 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.