

V. S. No. 2  
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e 5-17-39  
PI X29

9770

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 15 1943

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 91

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

12  
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1. PLACE OF DEATH:

(a) County Butler

(b) City or town Fisk, R. 1, Ash Hill Twp  
(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.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Fisk, Mo. R. 1.  
(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.....

3. (a) PRINT FULL NAME John Wesley 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 Married

6. (b) Name of husband or wife Etta White 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 12, 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>9</u>	..... hr. .... min.

9. Birthplace Greenville, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name John White

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

14. Maiden name unknown

15. Birthplace /  
(City, town, or county) (State or foreign country)

16. (a) Informant Etta White

(b) Address Fisk, Mo. R. 1.

17. (a) Burial (b) Date thereof March 22,  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vale Cem. Fisk, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser

(b) Address Dexter, Mo.  
19. (a) 3-30-43 (b) Belle Kime  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1943 hour 12 minute..... M.

21. I hereby certify that I attended the deceased from 3/17/43 1943 to 3-15 1943

that I last saw h..... alive on 3/15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Chronic myocarditis years

Due to.....  
Other conditions 938  
(Include pregnancy within 3 months of death)

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?.....

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

23. Signature Andrew Thompson (M. D. or other).....  
Address Fisk, Mo. Date signed 3/26/43

RECEIVED

District Health Office No. 2,

District File Number 443-447

Date Filed 4-12-48

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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. 4261

P. O. Address Alexander, 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.