

MAY 10 1943

Registration District No. 24892

Primary Registration District No. 3617

Registrar's No. 47

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ALEX VAN RAVENSWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAYS
(Specify whether
In this community 10 DAYS
years, months or days)

3. (a) PRINT FULL NAME MR. JOHN CONRAD 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 Delila Combs 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APRIL 20 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business
MOTHER FATHER { 12. Name Seth White
13. Birthplace Florence Mo.
14. Maiden name Opheie Nietzer
15. Birthplace Germany

16. (a) Informant Mrs. Carl Lemmer
(b) Address Mora Mo.

17. (a) Burial (b) Date thereof April 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florence Cemetery

18. (a) Signature of funeral director Rapp & Stevens
(b) Address Stover Mo.

19. (a) Apr-7-43 (b) Dr. Chas. Swop
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: MORGAN 71
(a) State Mo. (b) County COOPER
(c) City or town MORA, Mo. RD. #10
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7
year 1943 hour 4 minute AM
21. I hereby certify that I attended the deceased from MAR 28
1943 to APRIL 7 1943
that I last saw him alive on APRIL 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death POST-OPERATIVE HEMORRHAGE FROM PROSTATECTOMY 5-5-43

Due to PROSTATIC HYPERTROPHY 4-23-43
Due to OBSTRUCTION

Other conditions ARTERIOSCLEROSIS
(include pregnancy within 3 months of death)

Major findings: Of operations 1370
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) (e) Means of injury _____

23. Signature Gubrey H. Wells (M.D. certificate)
Address Boonville, Mo. Date signed 5-7-43

1088

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

27
1
2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-7-43

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

Jewell Stevenson

Licensed Embalmer No.

4073

P. O. Address

Stover, 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.