

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 6 1943
Registration District No. 184

Primary Registration District No. 5287

Registrar's No. 187

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brownfield
(c) Name of hospital or institution: Home
(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 Mo (b) County Linn
(c) City or town Brownfield
(If outside city or town limits, write "RURAL")
(d) Street No. 621. Elliott St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Raymond Lee White

20. DATE OF DEATH: Month Apr day 30
year 1943 hour 4 minute 9 M.

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from April 28, 1943 to April 30, 1943;
that I last saw him alive on April 30, 1943;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

Immediate cause of death _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Due to Arteriosclerosis
Due to Myocardial infarction

7. Birth date of deceased: Apr 28 43
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

Other conditions Syndactylism; feet & hands

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

Major findings:
Of operations Myocardial infarction, Coronary 3/4 infarcted
Of autopsy none

10. Usual occupation _____

11. Industry or business _____

12. Name J. E. White

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

14. Maiden name May

15. Birthplace North Dallas Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jess E White
(b) Address 621 Elliott St.

17. (a) Burial (b) Date thereof May 1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Hunter, Rollins
(b) Address Brownfield Mo

19. (a) 5-1-43 (b) W. W. Culman
(Date received local registrar) (Registrar's signature)

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 R. W. Huley (M. D. or other) MD
Address Brownfield Date signed 5/1/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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..... *L. W. Collins*.....
Licensed Embalmer No. *1164*.....
P. O. Address *Brookfield 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, above space should be left blank.