S. No. 2
M—5-42
v. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

28533

State File No.

FILED SEP 13 1943

Registration District No. 5579

Primary Registration District No. 5579

Registrar's No. 29

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Murcial Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb 32
(c) City or town Cameron
(If outside city or town limits, write "RURAL") 1
(d) Street No. 717 W No Line
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME William Gilbert White

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Mar

6. (b) Name of husband or wife Flora White

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

7. Birth date of deceased Nov (Month) 18 (Day) 1895 (Year)

8. AGE: Years 47 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

MOTHER
12. Name Ben White
13. Birthplace Missouri (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Ella Cottrell
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Flora White
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Webb City Und. Co.
(b) Address Webb City, Mo.

19. (a) Aug. 10, 1943 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

1180

(Licensed Embalmer's Statement on Reverse Side)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Feb 4 1943, to Aug 8, 1943; that I last saw h[illegible] alive on Aug 8, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Tuberculosis of Tuberculosis | |
| Due to | |
| Due to | |
| Other conditions. (Include pregnancy within 3 months of death) 13 P 1 | |
| Major findings: 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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature Jesse L Douglass (M. D. or [illegible])
Address Webb City Mo Date signed 8/14/43

48-8-709

## 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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. K. Mills

Licensed Embalmer No. 347

P. O. Address Webb City 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.**