

FILED SEP 9 1943

Registration District No. 60

Primary Registration District No. 5092330

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson

(c) City or town Festus (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME Ernest William White

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5  
year 1943 hour 6 minute 30 AM

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Julie Ann Kennerly

6. (c) Age of husband or wife if alive 28 years (Month) (Day) (Year)

7. Birth date of deceased October 28 1856  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 2, 1943  
....., 19....., to Aug 5, 1943  
that I last saw him alive on July 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis pneumonia Duration 1 day

8. AGE: Years Months Days If less than one day

86 9 7 hr. min.

Due to .....

Due to .....

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Car Repairing

Other conditions Cardio-renal failure 3 days  
(Include pregnancy within 3 months of death)

11. Industry or business .....

MOTHER FATHER { 12. Name Charles W. White

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Lobnow

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Major findings: Of operations 131a

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles W. White

(b) Address Festus Mo. R.F.D. #2

17. (a) Burial (b) Date thereof 8-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roselawn Memorial

18. (a) Signature of funeral director H. S. Unyard

(b) Address Festus Mo.

19. (a) 8/7/43 (b) H. L. C. Weis  
(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) (a) Means of injury 0

23. Signature Annett Perry (or other) .....

Address Hershey, Mo. Date signed 8/16/43

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

**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.....

*H. W. Injard*

Licensed Embalmer No. *3010*

P. O. Address *Peabody, Mass*

**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.