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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37562

FILED DEC 6 1943

Primary Registration District No. 5056

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Coscansburg
(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 1
(Specify whether

In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 5

(b) County 0

(c) City or town 0
(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 0

3. (a) PRINT FULL NAME Howard Andrew White

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 9 1968
(Month) (Day) (Year)

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

75 3 7 _____ hr. _____ min.

9. Birthplace East Norwich Conn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation retired mail carrier

11. Industry or business _____

MOTHER FATHER

12. Name Henry A. White

13. Birthplace W. Va. Conn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Smith

15. Birthplace W. Va. 10. 15. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Harrison

(b) Address Purdy Mo. R.R.

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

(c) Place: burial or cremation Bunker Hill

18. (a) Signature of funeral director Wheaton Funeral Home

(b) Address Wheaton Mo.

19. (a) Nov. 6-1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 16
year 1943 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from July-15, 1943, to July-16, 1943
that I last saw him alive on July 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack ✓ 12 hrs.
Duration

Due to Gaiter 40 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature O. S. McCall (M. D. or other) _____
Wheaton Mo. Date signed 7-16-43

1220 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1143-1265

Date Filed NOV 30 1943

DEC 7 9 1943

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 J. Gordon Bennett
Licensed Embalmer No. 4213
P. O. Address Cassville, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. See

Registration District No. 1

Primary Registration District No. 5056

Registrar's No. 68

1. PLACE OF DEATH

(a) County Barry

(b) City or town Rural Corsicana 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
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (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 Howard Andrew White

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased April 9 1888
(Month) (Day) (Year)

8. AGE: Years 25 Months 3 Days 9 (If less than one day, min.)

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

10. Usual occupation Requested

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

{ 14. Maiden name.....

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

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

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 26 Year 1943 Hour..... Minute..... M.

21. I hereby certify that I attended the deceased from..... to.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Heart attack Duration.....

Due to Heart Mitral Stenosis

Due to.....

Other conditions (include pregnancy within 3 months of death) 92h

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?

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

23. Signature O. S. McCall (M. D. or other).....
Address Wheaton Mo. Date signed.....

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

SUPPLEMENTAL

JAN 2 01944

JAN 9 01944

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