

**1. PLACE OF DEATH:**  
(a) County Nodaway  
(b) City or town Maryville  
(c) Name of hospital or institution: St. Francis hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 41 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Nodaway  
(c) City or town Maryville  
(d) Street No. 1605 North Mulberry  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** John C. White  
**3. (b) If veteran.** name war \_\_\_\_\_  
**3. (c) Social Security No.** 497-12-2738

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month NOV. day 14  
year 1943 hour 12 minute 45 P.M.

**4. Sex** male **5. Color or race** white  
**6. (a) Single, widowed, married, divorced, ~~married~~**  
**6. (b) Name of husband or wife** Louise W. White **6. (c) Age of husband or wife if alive** 72 years  
**7. Birth date of deceased.** August 22 1870  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** Nov 8  
1943 to Nov 14 1943  
that I last saw him alive on Nov. 14 1943  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 73 Months 2 Days 22 If less than one day hr. min.

Immediate cause of death Basal fracture of cranium  
Duration \_\_\_\_\_

**9. Birthplace.** Forest City Ill  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**10. Usual occupation.** delivery truck driver

Major findings: 1860  
39  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**11. Industry or business.** Superior Cleaners

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) accident 074  
(b) Date of occurrence Nov 8 - 1943  
(c) Where did injury occur? Maryville Mod. Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial place

**12. Name.** David Clyde White  
**13. Birthplace.** Cameron W. Va.  
(City, town, or county) (State or foreign country)

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

**14. Maiden name.** Mary E. McKnight  
(City, town, or county) (State or foreign country)

**23. Signature** M. M. Hallis (M. D. or other) M.D.  
Address Maryville Mo Date signed 11-15-43

**15. Birthplace.** UNKNOWN Ill  
(City, town, or county) (State or foreign country)

**16. (a) Informant.** Mrs. Louise W. White  
**(b) Address.** Maryville Mo.

**17. (a) burial** (b) Date thereof 11-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation miriam cemetery

**18. (a) Signature of funeral director.** Maryville Mo  
**(b) Address.** Maryville Mo

**19. (a) Nov. 16 - 43** (b) Amy Barbre  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

FEB 28 1944

**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 *W. M. Lee*

Licensed Embalmer No. 2539

P. O. Address Marionville 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.**