

FILED DEC 15 1943

Registration District No. **294**

Primary Registration District No. **3056**

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Imberly**

(c) Name of hospital or institution **532 Porter St. 1**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days) **5 Hours**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Randolph**

(c) City or town **Imberly**
(If outside city or town limits, write "RURAL")

(d) Street No. **532 Porter**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **RONALD 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 **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **November 5 1943**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	5 hr. min.

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

10. Usual occupation **infant**

11. Industry or business

12. Name **Ralph White**

13. Birthplace **Randolph Co - Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Lilly C. Barley**

15. Birthplace **Bobo Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph White**

(b) Address **532 Porter Imberly**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 6 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Proctor Cem.**

18. (a) Signature of funeral director **Ernest Hummel**

(b) Address **Imberly Mo**

19. (a) **11-6-43** (Date received local registrar) (b) **L. J. Hume** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5**
year **1943** hour **10¹⁵** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 5 - 1943** to **Nov 5 1943**

that I last saw **er** alive on **Nov 5 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth (7 mo), lived 5 hrs and died due to immaturity**

Due to **due to immaturity**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **159**

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 **L. J. Hume** M. D. or other

Address **Imberly** Date signed **11/5/43**

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

28
6
3

RECEIVED

District Health Officer No. 10

District File No. 12-43-1937

Date Filed **DEC 3 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.....

not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *C. G. Barnes*

Licensed Embalmer No. *2414*

P. O. Address *probably no*

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.