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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43985

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 108

1. PLACE OF DEATH:
(a) County Shelby Block Creek Jury
(b) City or town Shelbyville, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hospital Shelbina
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby 102
(c) City or town Shelbyville - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Madison White

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased May 9 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 5 If less than one day — hr. — min.

9. Birthplace Knox Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Madison W. Stevens White
13. Birthplace Record incomplete 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rilda (record incomplete)
15. Birthplace Record incomplete 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Cotton
(b) Address Shelbyville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbyville, Mo.

19. (a) Dec. 29-43 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1943 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1943, to Dec 14, 1943
that I last saw him alive on Dec 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leucemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 3 months by Lateral

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 S. L. Simpson 2 (M. D. or other) DO
Address Shelbina Mo Date signed Dec 25-43

1095 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-44-180
Date Filed JAN 12 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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.