DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18152

State File No.

Registration District No. FILED JUN 7 1944

Primary Registration District No. 5506

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Twp RR #6
(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 (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton Mo RR #6
(If outside city or town limits, write "RURAL")

(d) Street No. RR #6 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FRANK WHITE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 23 (Day) 1864 (Year)

8. AGE: Years 80 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Vernon Co (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Newton White
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Will DeLozier
(b) Address Clinton Mo RR 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 2 (Day) 44 (Year)
(c) Place: burial or cremation Lebo Cem

18. (a) Signature of funeral director Consolus + Rec
(b) Address Clinton Mo

19. (a) May 2 1944 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) J.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May First day May 1st
year 1944 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from 1938, 19 , to May 1, 1944, that I last saw him alive on April 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage Hypertension	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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) 1

(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 0

23. Signature Joseph B. Neill (M. D. or other) M.D.

Address Clinton Mo Date signed 5-2-44

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7
District File No. 5-44-716
Date Filed 6-6-44

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. E. Consolino

Licensed Embalmer No. 1891

P. O. Address Clinton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.