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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 13 1944
Registration District No. 200

Primary Registration District No. 2725

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon Hudson
(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) 1

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

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

(d) Street No. 1031 Jackson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry E. White

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race w

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

6. (b) Name of husband or wife Willa O White 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 14 1905
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Chronic Myocarditis
Several years

Due to Shock from Boat turning over in Lake while pleasure boating

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

8. AGE: Years 39 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Druggist

Major findings: 1952 PHYSICIAN _____

Of operations _____

Of autopsy 9/1

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Mark White

13. Birthplace Macon Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Grisham

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

16. (a) Informant Willa O White

(b) Address 1031 Jackson Macon, Missouri

17. (a) Burial (b) Date thereof June 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cyn

18. (a) Signature of funeral director Stephens & Dodding

(b) Address Macon, Mo

19. (a) 7/6/44 (b) Dora B. Hunkler
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ 061

(b) Date of occurrence 6-28-44

(c) Where did injury occur? Macon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on bank of lake
While at work? no (Specify type of place) (e) Means of injury Heart attack

23. Signature H. E. Edwards _____
Address Bevier, Mo Date signed 6/29/44

RECEIVED

District Health Officer No. 10

District File Number 7-44-1279

DATE REC'D JUL 11 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.....

working under my personal supervision.

Registered Apprentice No.....

Signed *R. L. Stephens*.....

Licensed Embalmer No. 3057.....

P. O. Address. Macon, 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. July
Registrar's No. 630

Registration District No. 200

Primary Registration District No. 5725

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Judson
(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

3. (a) PRINT FULL NAME Henry E 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 M

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

7. Birth date of deceased March 14 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

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

(c) Place: burial or cremation _____

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

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

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____ Address _____ Date signed _____

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

SUPPLEMENTARY

22000