

FILED JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Snowway 23001
State File No. _____

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 60

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME William C. 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, Widowed

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

7. Birth date of deceased Sept 10 1844
(Month) (Day) (Year)

8. AGE: Years 94 Months 9 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business ?

12. Name Mark White

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

14. Maiden name Berelda Wright

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mallie White

(b) Address Macon Mo

17. (a) burial (b) Date thereof June 29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem

18. (a) Signature of funeral director Robert Skinner

(b) Address Macon Mo

19. (a) 7/12/44 (b) Jora B. Hunkler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Macon
(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 27
year 1944 hour 10:30 minute _____ a. m.

21. I hereby certify that I attended the deceased from June 2
1944 to June 27 1944
that I last saw him alive on June 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death cardio-vascular disease
Duration 3 or more years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 J.P. Snowway (M. D. or other) _____

Address Macon Mo Date signed 6/28/44

1/3/2

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-44-1284

Date Filed 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

Cortland Minor

Licensed Embalmer No. 3414

P. O. Address Waco, Tex

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.