

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

08000

1. PLACE OF DEATH:  
(a) County Tennon  
(b) City or town Rural Washington Sup.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hosp. No 3  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution 4 mo - 2 da  
(Specify whether) \_\_\_\_\_  
In this community Name Line  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Lewis 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 Married  
6. (b) Name of husband or wife Mila M. White 6. (c) Age of husband or wife if alive unk. years  
7. Birth date of deceased Jan 25 - 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Isaac White  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary White  
15. Birthplace unk. 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records  
(b) Address Nevada Mo.

17. (a) Prospect (b) Date thereof 10-28-1944  
(Burial, cremation or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Prospect  
(b) Address Mo. Tenn

19. (a) 10-26-44 (b) Rayl B. Beuch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Ash Grove 108  
(If outside city or town limits, write "RURAL") 0  
(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 Oct. day 26  
year 1944 hour 3 minute A. M.  
21. I hereby certify that I attended the deceased from 10-1-44  
19\_\_\_\_ to 10-26-44 19\_\_\_\_  
that I last saw him alive on 10-25-44 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
162a

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature R.B. Beuch (M.D. or other) \_\_\_\_\_  
Address Nevada Mo Date signed 10-26-44

RECEIVED

Illinois Health Officer No. 71

Disposal File No. 105714-1239

Date Filed 11-7-44

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 *E. R. Guinan*

Licensed Embalmer No. 8297

P. O. Address *Miller 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.