S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

Registration District No. 208

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5764

State File No. 10193

Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Rural Warren Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe City R.F.D. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: RURAL (If outside city or town limits, write "RURAL")
(d) Street No.: Monroe City R.F.D. 3. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John L. 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: Anna Elizabeth White
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: July (Month) 19 (Day) 1873 (Year)
8. AGE: Years 71. Months 6 Days 19 If less than one day ..... hr. ..... min.
9. Birthplace: Holden Mo. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ✓
12. Name of father: James WHITE
13. Birthplace of father: Kentucky (City, town, or country) (State or foreign country)
14. Maiden name of mother: Mary Alice
15. Birthplace of mother: Maryland (City, town, or county) (State or foreign country)
16. (a) Informant: Earl T. White
(b) Address: Route 2 Leland Ill 47 Mone
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation: St Jude's. Monroe City
18. (a) Signature of funeral director: Wilson & Sons
(b) Address: Monroe City Mo
19. (a) 2-11-45 (Date received by local registrar) (b) Mrs Margaret Moody (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1945 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from JAN. 22, 1945 to FEB. 7, 1945 that I last saw him alive on FEB. 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY Occlusion	
Due to Hypertensive cardio-vascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0 Of autopsy: 0	

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

Signature: Harold F. Ellis (M. D. or other) D.O.
Address: Monroe City - Mo. Date signed 2-9-45.

1145

(Licensed Embalmer's Statement on Reverse Side)

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 By me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Ulamoz City 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.