

S. No. 2
DM-5-42
v. 5-17-39
X32873

27439 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 623

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polke
(c) City or town Pleasant Hope
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant of Mr. & Mrs. Vernon White
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 7
year 1945 hour W minute 45 P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XY years
7. Birth date of deceased August 5, 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 5, 1945 to Aug. 7, 1945
that I last saw him alive on Aug. 6, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

Immediate cause of death:
Premature 6 1/2 Months

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER

12. Name Vernon White
13. Birthplace Pleasant Hope Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Harriss
15. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

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) Manner of injury _____

16. (a) Informant Vernon White
(b) Address Pleasant Hope Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-1945
(Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope Mo.
18. (a) Signature of funeral director H. H. Lohnmeyer
(b) Address Springfield Mo.
19. (a) 8-16-45 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

23. Signature W. E. Handley (M. D. or other) MD.
Address Springfield Mo. Date signed Aug 16, 1945

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

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.

Not Embalmed Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.