

FILED AUG 28 1945

Registration District No. 3

Primary Registration District No. 5979

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Talk  
(b) City or town Morrisville Rural W. Jersey  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 Miles North of Morrisville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Talk 84  
(c) City or town Morrisville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles North of Morrisville  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Dudley W. White

3. (b) If veteran, name war: None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Ella White 6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased Nov. 25, 1877 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Talk County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James White  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ballinger  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Williams  
(b) Address Morrisville Mo.

17. (a) Burial (b) Date thereof Aug. 7, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Single Cemetery

18. (a) Signature of funeral director Edwin Blue  
(b) Address Ballwin Mo.

19. (a) Aug. 8, 1945 (b) Hillard Dickinson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1945 hour 8:11:25 minute P. M.  
21. I hereby certify that I attended the deceased from July 30, 1945, to Aug 4, 1945.  
I last saw him alive on Aug 4 and that death occurred on the date and hour stated above.

Immediate cause of death Infermia Duration 1 wk

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 26a

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) (e) Means of injury \_\_\_\_\_

23. Signature J. McLean (M. D. or R. N.)  
Address Ballwin Date signed \_\_\_\_\_

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

Officer No. 71  
7-45-847  
8-27-45  
Date Filed 1108

SEP 4 1945

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 Edward B. Ewin  
Licensed Embalmer No. 3092  
P. O. Address Balvian 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.