

FILED NOV 14 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. **118**

Primary Registration District No. **4190**

Registrar's No. **143**

1. PLACE OF DEATH:

(a) County **Lescanade**
(b) City or town **Bland**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Lifetime** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lescanade**
(c) City or town **Bland**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LAWRENCE 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, **single**

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

7. Birth date of deceased **May 26 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **3** If less than one day **-** hr. **-** min. **✓**

9. Birthplace **Cleavesville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired blacksmith**

11. Industry or business

12. Name **Richard White**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Harrietta Noonan**

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

16. (a) Informant **MRS. EUDORA SMITH**

(b) Address **OWENSVILLE, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 1, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Owensville City Cemetery**

18. (a) Signature of funeral director: **Millard H. St. Winter**

(b) Address **Owensville Mo.**

19. (a) **Oct. 29-45** (b) **Robert M. Murray**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **29th**
year **1945** hour **✓** minute **✓** M.

21. I hereby certify that I attended the deceased from **✓** 19____ to **✓** 19____;

that I last saw him **✓** alive on **✓** 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Due to Natural causes -**

Due to **Found dead in bed**

Due to **B & d.**

Other conditions **Complained of being ill past day.**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **200 p.**

Duration
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 **Hugost Blumenthal** (M.D. or other) **Coroner**
Address **Hebercuse Mo.** Date signed **10/29/45**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-13-45

FEB 10 1948

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 Me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Milford H. N. Winter.....
Licensed Embalmer No. 3838.....
P. O. Address Owensville 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.