

FILED OCT 27 1945

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 791

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: 819 HOVEY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 Mo. 17 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 819 HOVEY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WARREN LEE 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 SINGLE

6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased July 18, 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>0</u>	<u>2</u>	<u>17</u>	hr. _____ min.

9. Birthplace SPRINGFIELD MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation Infant at home

11. Industry or business _____

12. Name Joseph O. White

13. Birthplace Nashville Tenn. U
(City, town, or county) (State or foreign country)

14. Maiden name Esther Lee Scroggins

15. Birthplace SPRINGFIELD MO. U
(City, town, or county) (State or foreign country)

16. (a) Informant Esther Lee White
(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof 10-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brighton Mo. Cem.

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address SPRINGFIELD MO.
19. (a) 10-9-45 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 5
year 1945 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from his physician was in attendance 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Probably

Due to _____
Due to _____

Other conditions Femur dead in bed
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 107

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) (c) Means of injury _____
23. Signature Henry C. Stone (M. D. or other)
Address Springfield, Mo Date signed 10-6-45

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.

Signed

Ray A. Lavin

Licensed Embalmer No.

1763

P. O. Address

Springfield 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.

X