

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

State File No. \_\_\_\_\_  
Registrar's No. 101

FILED JUL 29 1946  
Registration District No. 251 Primary Registration District No. 3048

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

1. PLACE OF DEATH:  
(a) County NOBAYWAY  
(b) City or town MARYVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Francis Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 yrs years, months or days

3. (a) PRINT FULL NAME William Henry White  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 220

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced W Y  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 8 - 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Terry Hut Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_  
12. Name Russell White  
13. Birthplace un known Ind 1  
(City, town, or county) (State or foreign country)  
14. Maiden name HARRIETT W. CLEMENS  
15. Birthplace un known Ind 1  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. White  
(b) Address St Joseph mo

17. (a) \_\_\_\_\_ (b) Date thereof 6-18-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation in hospital  
18. (a) Signature of funeral director E. G. Breech  
(b) Address Lorayville mo

19. (a) June 19-46 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Near Rea mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 17  
year 1946 hour 2 minute 58 A.M.

21. I hereby certify that I attended the deceased from 6 June 1946 to 17 June 1946  
that I last saw him alive on 16 June 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
Due to Veinosis & clot  
arterial thrombosis  
Due to Crushing injury  
to right leg.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1952

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 4 June 1946  
(c) Where did injury occur? at Whitesville mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury handing  
tree

23. Signature W. H. White (M.D. or other) \_\_\_\_\_  
Address Savannah mo Date signed 17 June  
46

**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 E. C. Breech

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

**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.**