S. No. 2
OM—5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1946

State File No. 26778

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 15

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

25624

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home (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 Dunklin 35
(c) City or town Campbell (If outside city or town limits, write "RURAL") 1
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Oliver Thomas White
3. (b) If veteran, name war —
3. (c) Social Security No. 489-18-4298
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Attie White
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March (Month) 22 (Day) 1893 (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	4	14	hr. min.

9. Birthplace — (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Labor
11. Industry or business —
FATHER
12. Name Thomas White
13. Birthplace — (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Virginia Allen
15. Birthplace — (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs. Oliver White
(b) Address Campbell Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Four Mile
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell Missouri
19. (a) 8/24/46 (Date received local registrar) (b) Mrs. Beulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8, 1946
year 3:30 a hour M minute M.
21. I hereby certify that I attended the deceased from Jan 15, 1946 to Aug 8, 1946
that I last saw him alive on Aug 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Chest	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 55

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other) MD
Address Campbell Mo Date signed 8/14/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 846-1037
Date Filed 8-29-46

RECEIVED
District Health Office No. 2,
District File Number
Date Filed

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md.

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.