S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26882

FILED SEP 12 1946

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 704

**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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Stone 104

(c) City or town Elsey — Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Star Rt. — Galena, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruby Jean White

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

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 Oct. 18, 1939
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 6 | 10 | 7 | hr. min. |

9. Birthplace Stone County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Ernest White
13. Birthplace Taney Co., Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Bloomer
15. Birthplace Stone Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest White
(b) Address Elsey, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 25 '46
(Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Mo.

18. (a) Signature of funeral director King Fun. Home
(b) Address Aurora, Mo.

19. (a) 8-29-46 (Date received local registrar) (b) S W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 25th
year 1946 hour 6:20 minute A. M.

21. I hereby certify that I attended the deceased from Aug 24, 1946, to Aug 25, 1946, that I last saw her alive on Aug 25, 1946, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Shock | 12 hrs |
| Due to Burns, 2nd & 3rd, Entire body | 14 hrs |
| Due to | |

Other conditions Gasoline was draining from Automobile —
(Include pregnancy within 3 months of death)

Major findings: Of operations Made sparks which fell on this childs clothing
Of autopsy became ignited.

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) Accident 104

(b) Date of occurrence 24 Aug 46

(c) Where did injury occur? Elsey (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At rural home (Specify type of place)

While at work? Play (e) Means of injury Burns

23. Signature C. A. Epps (M. D. or other) 6

Address Springfield, Mo. Date signed 29 Aug 46

111

(Licensed Embalmer's Statement on Reverse Side)

## 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 K. Ly White

Licensed Embalmer No. 4240

P. O. Address AURORA, 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.**