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5-17-39
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29338

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

State File No.

FILED AUG 19 1946

Registration District No. Primary Registration District No. ~~226~~ 4311 Registrar's No. 12

1. PLACE OF DEATH:
(a) County SULLIVAN
(b) City or town HARRIS MO
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County SULLIVAN
(c) City or town HARRIS
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES THOMAS WHITE
(b) If veteran, name war (c) Social Security No.

20. DATE OF DEATH: Month JULY day 26
year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W 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 AUG 31 1915
(Month) (Day) (Year)

Immediate cause of death There being no evidence of foul play and after questioning the family it is my opinion that the deceased death was caused by heart failure, probably Angina Pectoris, since he complained of severe pains over his heart shortly before death
Duration of disease
Other causes
(Include pregnancy within 3 months of death)

8. AGE: Years 30 Months 10 Days 25 If less than one day
hr. min.

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace SULLIVAN CO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name GEORGE WASHINGTON WHITE
13. Birthplace HICKORY CO MO (City, town, or county) (State or foreign country)
14. Maiden name MARY ALICE ROSS
15. Birthplace SULLIVAN CO MO (City, town, or county) (State or foreign country)

16. (a) Informant MRS ALICE WHITE
(b) Address HARRIS MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-28-46
(Month) (Day) (Year)

(c) Place: burial or cremation BAIRDSTOWN

18. (c) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) Aug 7-46 (Date received local registrar) (b) Greta Caldwell (Registrar's signature)

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) (Specify type of place) Means of injury 3
23. Signature [Signature] Acting Coroner
Address Justice of the Peace Date signed 7-26-46

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

RECEIVED
District Health Officer No. 17
District File Number 8-46-1556
Date Recd AUG 14 1946

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 Lucretia C. Higgins

Licensed Embalmer No. 3792

P. O. Address.....

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.