No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30127

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 94

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Willow Springs
(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 years, months or days)
In this community Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell
(c) City or town Willow Springs
(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

3. (a) PRINT FULL NAME James Columbus WHITE
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irma Laura White
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 6, (Day) 1866 (Year)

8. AGE: Years 80 Months 6 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER 12. Name Virgil C. White
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Mary Ann Hill
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Mrs. O.S.Brown
(b) Address Beaman, Iowa.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/11/46. (Month) (Day) (Year)
(c) Place: burial or cremation Beaman, Iowa.
18. (a) Signature of funeral director Burns Funeral Home
(b) Address Willow Springs, Missouri.
19. (a) 9-24-46 (Date received local registrar) (b) Ila McMillen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8, year 1946 hour 8:30 minute A.M.
21. I hereby certify that I attended the deceased from August 29, 1946, to Sept. 08, 1946 that I last saw him alive on Sept. 7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolus	2 hrs.
Due to	
Due to Thrombophlebitis	
Other conditions (Include pregnancy within 3 months of death) Lobar Pneumonia	2 wks

Major findings:
Of operations
Of autopsy

108

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
23. Signature C. Callahan (M. D.)
Address Willow Springs, Mo Date signed 9-9-46

127 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 10465-48
Date Filed 10-7-46

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 Fred W. Barnes Registered Apprentice No. #413, working under my personal supervision.

Signed Thomas R. Burns, Thomas R. Burns

Licensed Embalmer No. #4214

P. O. Address Willow Springs, 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.