

FILED DEC 18 1950

Registration District No. 382

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40401A

Registrar's No.

33

Primary Registration District No. 4228

1. PLACE OF DEATH:

(a) County Howard
 (b) City or town Glasgow
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
IN OFFICE OF J.W. GARDNER, M.D.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Dr. Gardner's office
 (Specify whether years, months or days) (passing through) hours

3. (a) PRINT FULL NAME Jerry Lee 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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15 1946
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
4 12 hr. _____ min.9. Birthplace Parson Hospital Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James White13. Birthplace De Witt Mo
(City, town, or county) (State or foreign country)14. Maiden name Maude Helen Barnes15. Birthplace Triplet Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Miss Alberta Rozmy(b) Address Kansas City Mo17. (a) Burial (b) Date thereof 12-27-1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hale Cemetery18. (a) Signature of funeral director Frank E. Slater(b) Address Hale Mo.19. (a) Dec. 13, 1950 (b) Walker Audsley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Parson
 (c) City or town Hale
 (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 Dec day 27
year 1946 hour 12 minute 20 P.M.21. I hereby certify that I attended the deceased from 12-27-46, 1946, to 12-27-46, 1946that I last saw him live on 12-27-46, 1946
and that death occurred on the date and hour stated above.Immediate cause of death multiple skull fracture Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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(b) Date of occurrence 12-27-46Where did injury occur? Clinton County Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 5, 1/2 mi. N.E. of GlasgowWhile at work _____ (e) Means of injury Bus Wheel23. Signature J. J. Jackson (M. D. or other) _____Address Glasgow Mo Date signed 12-28-46

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

RECEIVED

12/15/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-15-50

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.