

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 443

FILED FEB 13 1947

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Sign 6 then 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knott
(c) City or town Knox City
(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 BRUNO A. 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 Widow
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 6 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 6 24 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Samuel White
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address _____

17. (a) Removal (b) Date thereof 1-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edina, Missouri

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 77-6th St. Fulton, Missouri

19. (a) Feb 1-1947 (b) Josef Morawetz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1947 hour 7:30 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 24
_____ 1947, to Jan 30 _____ 1947;
that I last saw him alive on Jan 30 _____ 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Sec. pneumonia
Chronic myocarditis
Pylonephritis
Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
arteriosclerosis and valve

Major findings:
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature J. Caldwell (M. D. or R.N.)

Address State Hospital No. 1 Date signed Jan 30, 1947

Duration
Physician
Underline the cause to which death should be charged statistically.

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

14
1
2

14
1
2

5

Filed 2-11-47

District File Number

District Health Officer No. 9,

RECEIVED

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 *Genzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton 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.