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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8463

Registration District No. 99 Primary Registration District No. 4176 Registrar's No. 1

1. PLACE OF DEATH:
(a) County DeKalb.
(b) City or town Union Star
(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 30 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb 33
(c) City or town Union Star. 3
(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 Hollis Clinton 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 Deanna white
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Jan (Month) 13. (Day) 1867 (Year)

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

9. Birthplace (City, town, or county) Michigan (State or foreign country)
10. Usual occupation
11. Industry or business FARMER.

MOTHER FATHER
12. Name Hollis white
13. Birthplace (City, town, or county) Mich (State or foreign country)
14. Maiden name Lydia Spalding
15. Birthplace (City, town, or county) Mich (State or foreign country)

16. (a) Informant Raymond white
(b) Address R 1a no.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 16. 47 (Month) (Day) (Year)
(c) Place: burial or cremation Amity
18. (a) Signature of funeral director John Brown
(b) Address Maysville mo.
19. (a) 3-20-47 (Date received local registrar) R Dunham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 15
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 31, 1946 to Mch 15, 1947 that I last saw him alive on Mch 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion — 1 Day
Due to Arterio Sclerosis
Due to
Other conditions. (Include pregnancy within 3 months of death)

Major findings:
Of operations 94 A
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)
(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 E M Reynolds (M. D. or other)
Address Union Star Mo. Date signed 3-18-47

82

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John S Brown

Licensed Embalmer No. 3933

P. O. Address Maysville 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.