

National Office of Vital Statistics

State File No. ....

Registration District No. 3192

Primary Registration District No. 3059

Registrar's No. 255

1. PLACE OF DEATH:

(a) County, St. Francois

(b) City or town, Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, 4 days  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, St. Francois

(c) City or town, Bonne Terre  
(If outside city or town limits, write "RURAL")

(d) Street No., 405 N. Jefferson  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME EWI STEVEN WHITE

3. (b) If veteran, ✓ name war.....

3. (c) Social Security No. ....

4. Sex, M

5. Color or race, W

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife, Gladya White

6. (c) Age of husband or wife if alive, 42 years

7. Birth date of deceased, March 12 1904  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>4</u>	<u>11</u>	hr. min.

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

10. Usual occupation, Brakeman

11. Industry or business, Missouri Illinois R. Road

12. Name, Ralph W. Rite

13. Birthplace, Mineral Point Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name, Helia Marie Strachan

15. Birthplace, Old Mine Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant, Gladya W Rite

(b) Address, 405 N. Jefferson Bonne Terre

17. (a) Burial (b) Date thereof, July 25, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, St. Francois Mass. Park

18. (a) Signature of funeral director, Bayham and Co

(b) Address, 313 Bonham Bonne Terre Mo

19. (a) 7-30-47 (b) Ether Rudloff  
(Date received local registra) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 8 minute 25 A. M.

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

Immediate cause of death, Coroner Jury Verdict Unavoidable accident

Due to, motorcycle which deceased was riding collided

Due to, with all electric light pole

Other conditions, (Include pregnancy within 8 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify), accident ad

(b) Date of occurrence, July 19, 1947

(c) Where did injury occur? Bonne Terre, St. Francois Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #12  
(Specify type of place)

While at work? no Means of injury, small tractor

23. Signature, Bert Miller (M. D. or other)

Address, Farmington, Mo Date signed, 7/23/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

JAN 20 1948

RECEIVED

District Health Officer No. 4

District File Number 847-1007

Date Filed 8-4-47

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.