

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

25212

State File No.

FILED AUG 5 3 1947
Registration District No.

Primary Registration District No. 3059

Registrar's No. 254

1. PLACE OF DEATH:

(a) County St. Francis

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

(c) Name of hospital or institution: Banham H. S.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis 94

(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL")

(d) Street No. 520 Jackson 1
(If rural, give location)

(e) Citizen of foreign country? No 710 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME JOHN HENRY WHITE JR.

3. (b) If veteran, name war WORLD WAR 2

3. (c) Social Security No. 376.20-1386

4. Sex M. 5. Color of race W.

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: Aug 7 1925
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>11</u>	<u>12</u>	hr. min.

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

10. Usual occupation Incoperative Sireman

11. Industry or business Mo. Tel. R. Road

12. Name John Henry White

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

14. Maiden name Bessie Elizabeth Sireman

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

16. (a) Informant John H. White Sr.

(b) Address 520 Jackson Bonne Terre Mo

17. (a) Burial (b) Date thereof July 22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Hospital

18. (a) Signature of funeral director Banham H. S.

(b) Address 313 Banham Bonne Terre Mo

19. (a) 7-30-47 (b) Ethel R. Burdick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 1947
year 1947 hour 9 minute 15 P. 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; motorcycle which deceased was riding collided with an electric light pole.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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 94

(b) Date of occurrence July 19, 1947

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #1
Specify type of place

While at work? No (e) Means of injury Skull Fracture

23. Signature Bert J. Miller (M. D. or other) Coroner

Address Farmington Mo Date signed 7/21/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 847-1006
Date Filed 8-4-47

JUL 3 1949

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 Boone Lane 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.