

FILED SEP 29 1947

Registration District No. **300**

Primary Registration District No. **60.30**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Reynolds Co.**
(b) City or town **Hadley**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Reynolds**
(c) City or town **Hadley (Rural)**
(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

Johney Dale White

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MO** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. **0** min.

9. Birthplace **Hadley, MO**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Joseph Melvin White**

13. Birthplace **Charter, MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Stella Jane Brook**

15. Birthplace **Reubens, MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph White**

(b) Address **Hadley MO**

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Graveside Cemetery**

18. (a) Signature of funeral director **Seaton Pewitt**

(b) Address **Van Buren MO**

19. (a) **Sept 11-47** (Date received local registrar) (b) **Octa Henson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **10**
year **1947** hour **3** minute **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 **malnutrition**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **58**

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 **Seaton Pewitt** (M.D. or other) **Cor**

Address **Van Buren MO** Date signed **9-11-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

X

RECEIVED

District

Case No. 5,

District File

947524

Date Filed

9.25.47

STATEMENT BY LICENSED EMBALMER

was not embalmed

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 *Seaton Pewitt*

Licensed Embalmer No. *2287*

P. O. Address *Van Buren*

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.