

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35263

State File No. _____

FILED OCT 25 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 325

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Less Than Day
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME "Baby" White

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced X
 6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife If alive XXXX years
 7. Birth date of deceased Oct 4 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. _____ min.

9. Birthplace Bothwell Hosp Sedalia Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Kenneth White
 13. Birthplace Benton County Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Louis Nease
 15. Birthplace Benton County Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth White

(b) Address Lincoln, Mo

17. (a) Burial (b) Date thereof Sept 5, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

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

(b) Address Lincoln, Mo

19. (a) 10-5-47 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
 (c) City or town Lincoln
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
 year 1947 hour 9 30 minute P M.

21. I hereby certify that I attended the deceased from Oct 4 1947 to 1947
 that I last saw him alive on Oct 4
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature
 Duration _____

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations 159
 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? _____

While at work _____ (Specify type of place)
 (c) Means of injury _____

23. Signature R. L. Walter (M. D. or _____)
 Address Sedalia Mo Date signed 10-5-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-24-47

This body WAS NOT embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.