

FILED JAN 29 1948

Registration District No. _____

Primary Registration District No. ~~4179~~ 5423

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath, Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 Dunklin 35
(c) City or town Senath, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) No
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernst A Uewell White

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

4. Sex M 6 5. Color or 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 Sept. 24, 1935
(Month) (Day) (Year)

8. AGE: Years 12 Months 2 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Uewell White
13. Birthplace Holland Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Belle Simmons
Arkansas
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Uewell White
(b) Address Kennett, Rt. # 1

17. (a) Rural (b) Date thereof 12 21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial cremation Caruth cemetery

18. (a) Signature of funeral director McDaniel Funeral Home
(b) Address Senath, Missouri

19. (a) 1-16-1948 (b) Wm J H Lanier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from December 20 1947 to Dec. 20, 1947 19 _____
that I last saw him alive on Dec. 20, 1947 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Fractured Skull, Broken neck, Fractured Left Leg
Due to Auto Collision

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) Accidental 35
(b) Date of occurrence Dec. 20th, 1947
(c) Where did injury occur? 1 mi. E. Senath
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 25

(Specify type of place) _____
While at work? _____ (e) Means of injury Coroner
23. Signature Walter J. Lanier (M. D. or other) _____
Address Kennett, Mo Date signed 12/20/47

RECEIVED

District Health Office No. 2,

District File Number 108-136

Date Filed 1-26-48

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.....

working under my personal supervision.

(A) Harris

....., Registered Apprentice No. 69

Signed *A. S. Williams*

Licensed Embalmer No. 2093

P. O. Address *Seventy no*

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.