S. No. 2
M—1/47
Ex. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 3 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11188

Primary Registration District No. 6093

Registrar's No. 65

97
3

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saline County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Months (Specify whether
In this community: All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline 97
(c) City or town: Marshall RURAL 4
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Schylor C. White
3. (b) If veteran, name war:
3. (c) Social Security No. None

4. Sex: Male 0
5. Color or race: White 0
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: May (Month) 5th, (Day) 1876. (Year)

8. AGE: Years 71 Months 10 Days 12 If less than one day hr. min.

9. Birthplace: St. Charles (City, town, or county) Iowa. 1 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Ozyas White
13. Birthplace: Unknown (City, town, or county) Unknown 7 (State or foreign country)
MOTHER
14. Maiden name: Fannie Burnsides
15. Birthplace: Unknown (City, town, or county) Unknown 7 (State or foreign country)
16. (a) Informant: John Akeman
(b) Address: Slater, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Harmony cemetery
18. (a) Signature of funeral director: Campbell Funeral
(b) Address: Marshall, Mo.
19. (a) Mar 22-1948 (Date received local registrar) (b) Sidney J. Fay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1948 hour 12 minute 0 M.
21. I hereby certify that I attended the deceased from Mar 10 1948 to Mar 17 1948 that I last saw him alive on 3/16 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch. Myocarditis	6 Mos
Due to:	
Due to: Arterial Sclerosis	4 yrs
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)
(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: [illegible] (M. D. or other)
Address: Marshall Date signed 3/19/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-2-48

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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.