

FILED APR 26 1948

Registration District No. **8**

Primary Registration District No. **5267**

Registrar's No. **8**

1200

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Highlandville  
(If outside city or town limits, write "RURAL" and name of township) Smith Hill

(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 1  
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, (b) County Christian

(c) City or town Highlandville Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Jimmy White

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 24, year 1948, hour 4, minute 10 P.M.

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

6. (b) Name of husband or wife None, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Nov (Month), 26 (Day), 1880 (Year)

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.

8. AGE: Years 67, Months 2, Days 28, If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: No Physician called. Had been an invalid since birth.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace: Christian County Mo  
(City, town or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name J. W. White

13. Birthplace Demer  
(City, town or county) (State or foreign country)

14. Maiden name Polly Ann Cunningham

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

16. (a) Informant Lewis White  
(b) Address Highlandville Mo

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Feb 26 48  
(Month) (Day) (Year)

(c) Place: burial or cremation White Cemetery

18. (a) Signature of funeral director T. B. Chaffin  
(b) Address Ozark Mo

19. (a) Mich (Date received local registrar) (b) Luette Leonard (Registrar's signature) 29

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 200C

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 Luette Leonard (M. D. or other) Local Registrar  
Address Ozark Mo Date signed Feb 14 1948

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 6;

District File Number 448-486

Date Filed APR 23 1948

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

*T. B. Chaffin*

Licensed Embalmer No.

*2192*

P. O. Address

*Ozark, 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.