3. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12312

Registration District No. 183 | Primary Registration District No. 5483 | Registrar's No. 30

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: T
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Daviess 31
(c) City or town Coffey Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clement M. White White.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 4 (Day) ~~1948~~ 1875 (Year)

8. AGE: Years 73 | Months 10 | Days 15 | If less than one day ✓ hr. ✓ min.

9. Birthplace Harrison (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
12. Name William B. White
13. Birthplace Parkson Co Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann McCracken
15. Birthplace Parkson Co. Ohio. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dave Whitten
(b) Address Bethany Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Coffey Mo.
18. (a) Signature of funeral director L. W. Haas
(b) Address Bethany Mo.
19. (a) April 21-48 (Date received local registrar) (b) Zola Burrus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to April 18, 1948 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis	1 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NO	
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? (Specify type of place) 2
While at work? (e) Means of injury

23. Signature R. H. Templeman D.O. (Other)
Address Cameron Mo. Date signed 4/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 S. W. Haas

Licensed Embalmer No. 1078

P. O. Address Bethany 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.