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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1948

Registration District No. 76

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4064

State File No. 15584

Registrar's No.

1. PLACE OF DEATH:

(a) County: Caldwell

(b) City or town: Kidder
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XX (Specify whether years, months or days)

In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Caldwell 13

(c) City or town: Kidder 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: HUGH ELMER WHITE

3. (b) If veteran, name war: XX

3. (c) Social Security No. XX

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lillie Belle

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: 12 (Month) 28 (Day) 1864 (Year)

8. AGE: Years 83 | Months 4 | Days 19 | If less than one day: hr. min.

9. Birthplace: Coatesburg (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Thomas C. White
13. Birthplace: Gales Co. (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name: Hannah Hayworth
15. Birthplace: (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Lillie B. White
(b) Address: Kidder, Mo.

17. (a) Burial (Burial, cremation, removal): (b) Date thereof: May 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Wheeling Cem. Wheeling, Mo.

18. (a) Signature of funeral director: Bram Funeral Home
(b) Address: Hamilton, Mo.

19. (a) May 20, 1948 (Date received local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17th year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March, 1935, to 5-17-, 1948, that I last saw him alive on 5-17-, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration 5 days.

Due to: Chronic Glomerulo Nephritis ?

Due to:

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

Major findings:
Of operations:
Of autopsy: 3/13

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? (Specify type of place)

While at work? (c) Means of injury:

23. Signature: [illegible] (M. D. or other) D.O.

Address: Cameron, Mo. Date signed: 5-19-48

(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 R. Leslie Brown

Licensed Embalmer No. 4472

P. O. Address Hamilton, 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.