S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15820

FILED MAY 25 1948

Registration District No. 882 — Primary Registration District No. 3017 — Registrar's No. 67

27 1 2

1. PLACE OF DEATH:
(a) County: COOPER
(b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL 6
(If not in hospital or institution, write street, number, or location)
(d) Length of stay: In hospital or institution: 30 DAYS (Specify whether years, months or days)
In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: COOPER
(c) City or town: BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.: 925 FOURTH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

27 1 2 6

3. (a) PRINT FULL NAME: R. AARON WHITE
3. (b) If veteran, name war: NONE
3. (c) Social Security No.:
4. Sex: MALE 2
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: APRIL 2 - 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	1	13	hr. min.

9. Birthplace: COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country) C
10. Usual occupation: CUSTODIAN OF SUMNER SCHOOL
11. Industry or business: BOONVILLE PUBLIC SCHOOLS

FATHER
12. Name: UNKNOWN 9
13. Birthplace: (City, town, or country) (State or foreign country) 1

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: ANDREW H. WHITE
(b) Address: QUINCY, ILLINOIS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: CLARK'S FORK CEM.
18. (a) Signature of funeral director: STEGNER
(b) Address: BOONVILLE MO.
19. (a) 5-18-48 (Date received local registrar) (b) D. Hooper (Registrar's signature) 281

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15th year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Mar 22, 1948 to May 15, 1948 that I last saw him alive on May 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma (metastatic)	
Due to: Secondary to Stomach	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death) 4 6 13	

Major findings:
Of operations: none
Of autopsy: none

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)
While at work? (e) Means of injury:
23. Signature: T. C. Beckett M.D. (M.D. or other)
Address: Boonville Mo Date signed: 5-17-48

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

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed 5-24-48

AUG 2 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 Fred W. Harris, Registered Apprentice No. 476, working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.