DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22395

Registration District No. 47 — Primary Registration District No. 5769 — Registrar's No. 224

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Nine Mile
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 3 miles west Mineola Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether
In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

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

(d) Street No. 3 miles west Mineola Mo 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David R. White

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Sarah White

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

7. Birth date of deceased Oct 2 nd 1856 (Month) (Day) (Year)

8. AGE: Years 91 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace Columbus Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph White
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Miss--- Rule
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant W.J. White

(b) Address Mineola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1st 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo Oak Hill Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 7-31-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature) 29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30 year 1948 hour 3 minute a M.

21. I hereby certify that I attended the deceased from July 29, 1948, to JULY 30, 1948 that I last saw him alive on JULY 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRONCHIAL PNEUMONIA	36 hrs
Due to CEREBRAL HAEMMORRHAGE	48 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no.

836

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) no.

(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 0

23. Signature James O. Helm (M. D. or other)

Address New Florence Mo. Date signed 7-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 10 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, ~~on~~ by the 30 th day of July 1948, Registered Apprentice No. ....., working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.