FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948
Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23837
Primary Registration District No. 9427
Registrar's No. 217

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

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

3. (a) PRINT FULL NAME: JAMES DAVID WHITE
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Etha Ginder White
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: July 17, 1877 (Month) (Day) (Year)

8. AGE: Years 71 | Months 0 | Days 3 | If less than one day: hr. min.

9. Birthplace: Lamonte, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Mail Carrier-Farmer-retired
11. Industry or business:

MOTHER FATHER
12. Name: Thomas E. White
13. Birthplace: New Castle, Pa. (City, town, or county) (State or foreign country)
14. Maiden name: Katherine Held
15. Birthplace: Lancaster, Pa. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Etha White (wife)
(b) Address: Lamonte, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lamonte, Mo.
18. (a) Signature of funeral director: Shane Ewing
(b) Address: Sedalia, Mo.
19. (a) 7/22/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20, year 1948 hour 11:15 minute A. M.
21. I hereby certify that I attended the deceased from July 1, 1948 to July 20, 1948
that I last saw him alive on July 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to:	
Due to:	
Other conditions. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
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)
While at work? (e) Means of injury:

23. Signature: H. W. Crawford, M. D. (or other)
Address: Sedalia, Mo. Date signed: July 21, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 1-29-48
Date Filed

AUG 11 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.....
Warren K Dietz Registered Apprentice No. 70
working under my personal supervision.

Signed Duane Ewing
Licensed Embalmer No. 2847
P. O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.