No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35355

FILED NOV 10 1948

Registration District No. 347

Primary Registration District No. 6162

Registrar's No. 53

1. PLACE OF DEATH
(a) County Stone
(b) City or town Ruth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stone 104
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. North Reeds Spring 0
(If rural, give location) no
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clyde V. White
3. (b) If veteran, name war no
3. (c) Social Security No. ✓

4. Sex M O
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Clara White
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Oct (Month) 20 (Day) 1883 (Year)

8. AGE: Years 65 Months — Days 2 If less than one day hr. min.

9. Birthplace Denton (City, town, or county) Texas (State or foreign country) 1
10. Usual occupation Broom manufacturer
11. Industry or business ✓
FATHER
12. Name James White 1
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Beulah Stallings
15. Birthplace Alabama (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs Clara White
(b) Address Reeds Spring Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Eisenhour
18. (a) Signature of funeral director Everett J Cheatham
(b) Address Galena Mo
19. (a) Oct 26-48 (Date received local registrar) (b) Lena Murray Dep (Registrar's signature) 2/7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 or 22 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from june-45, 19, to june 1948 that I last saw him alive on Sept. 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic alcoholism	
Due to Alcohol	24yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) 0
While at work? (e) Means of injury
23. Signature W. P. Cottrell (M. D. or other) xxx
Address Reeds Spring, Mo. Date signed 10/23-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1148-121
Date Filed 11-9-48

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.