

No. 2  
12-45  
5-17-39  
X47070

FILED NOV 17 1948  
Registration District No. **297**

Primary Registration District No. **4499**

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

1. PLACE OF DEATH:

(a) County Shelby Shelbina

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

(c) Name of hospital or institution:  
Mrs. Washburns' Rest Home **4**

(d) Length of stay: In hospital or institution 1 1/2 yrs. (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby **102**

(c) City or town Shelbina **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Elmer White

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male **D** 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed **2**

6. (b) Name of husband or wife Alice Card White

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

7. Birth date of deceased: Mar. 27 **1867**  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Barnsville Mo. **D**  
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolteacher Ret.

11. Industry or business \_\_\_\_\_

12. Name Thos. W. White

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

14. Maiden name Eliza Margaret Spears

15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Rouze

(b) Address 317 W. 51st. Kansas City Mo.

17. (a) Burial (b) Date thereof Nov. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington Mo.

18. (a) Signature of funeral director Albert Kimer

(b) Address Macon, Mo.

19. (a) Nov 7-48 (b) Lee E. Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2  
year 1948 hour 11 minute 15 a.m.

21. I hereby certify that I attended the deceased from October  
1948 to November 1948.

that I last saw him alive on Nov. 2 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis **Duration**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 9/16

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 \_\_\_\_\_

48 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Lee E. Thompson (M. D. or other) P.O.  
Address Box 375 Shelbina, Mo. Date signed 11/6/48

NOV 13 1948

RECEIVED  
District Health Officer No. 10  
District File Number 11-418-1259  
Date Filed NOV 16 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Albert Skinner  
Licensed Embalmer No. 737  
P. O. Address Macanano

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.