

FILED JAN 26 1949

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42588

State File No.

Registration District No. 272

Primary Registration District No. 5908

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Pennington
 (b) City or town Steele rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Holland Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community all of life (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMERhylee Z White3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married,
divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased May 1 1945
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 7 10 hr. min.

9. Birthplace Pennington Co MO
 (City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Claude White13. Birthplace Holland MO
(City, town, or county) (State or foreign country)14. Maiden name Dora Marie Weaver15. Birthplace Steele MO
(City, town, or county) (State or foreign country)16. (a) Informant Claude White(b) Address Steele MO Rt 517. (a) Burial (b) Date thereof 12-12-49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation mt Zion18. (a) Signature of funeral director Herman Hunt Co(b) Address Steele MO 24919. (a) 1-1-49 (b) St. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennington
 (c) City or town Steele rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Holland Hosp.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
 year 1948 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from
1 Oct, 1948, to Nov. 17, 1948
 that I last saw h. or a. alive on Nov. 17, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Meningitis 5 MO.

Due to MILITARY TUBERCULOSIS (PULMONARY) 7 MO.

Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations NO 13B

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature E. P. Taylor (M. D. or other) M.D.Address Steele MO Date signed _____

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

1-49-39

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..... 

Licensed Embalmer No. 4355

P. O. Address. Hayti Md

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

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