

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19074BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbuda Mo</u>	
c. LENGTH OF STAY (In this place) <u>6 Days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Purnell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <u>JACOB WASHINGTON WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 17 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>5-15-1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Doctor M.D.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Blountfield Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William White</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Beck</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. White Arbuda Mo</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 6-11, 1949, to 6-17, 1949, that I last saw the deceased alive on 6-17, 1949, and that death occurred at 5:48 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.D. Trancee M.D.</u>	23b. ADDRESS <u>20 Kennett Mo.</u>	23c. DATE SIGNED <u>6-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>6-19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lulu Lue</u>	24d. LOCATION (City, town, or county) (State) <u>Hallsburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 18 1949</u>	REGISTRAR'S SIGNATURE <u>W. T. Emanuel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Emanuel</u>	ADDRESS <u>Arbuda Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 649-623

Date Filed JUN 12 1949

JUN 24 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. J. Emmer

Licensed Embalmer No. 351

P. O. Address Jamesport Ark

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.