

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>316</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keokuk</u>		d. STREET ADDRESS (If rural, give location) <u>555 E. Terrace Ave</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>555 E. Terrace Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) _____		c. (Last) <u>White Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 24, 1940</u>		9. AGE (In years) (last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>9</u> IF UNDER 12 HRS. Days <u>7</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John H. White</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Turner</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Montgomery</u> ADDRESS <u>717 Hickory, Hannibal MO</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Verdict of Jury</u>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				Verdict of Jury				Interval between onset and death <u>93.08</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				Interval between onset and death <u>4 1/2</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Accidental strangulation by a rope</u>				Interval between onset and death <u>4 1/2</u>	
DUE TO (c) <u>suspended from a tree, while at play.</u>				II. OTHER SIGNIFICANT CONDITIONS				Interval between onset and death _____	
Conditions contributing to the death but not related to the disease or condition causing death.				play.				Interval between onset and death _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>717 Hickory</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal 19 Marion Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Strangulation, while swinging on rope.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30</u> a. m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. Crawford Smith</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>		23c. DATE SIGNED <u>9/22/49</u> (State) _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9- - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glenview Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>			
DATE REC'D BY LOCAL REG. <u>9-22-49</u>		REGISTRAR'S SIGNATURE <u>O. B. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal Mo</u>					

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

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.

Signed _____

H. M. O'Connell

Signed _____

Student Embalmer

Licensed Embalmer No. *2889*

P. O. Address *Hannibal 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.