

REC'D DEC 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38557  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Bollinger Registration District No. 2  
 (b) Township 11-2 Primary Registration District No. 69  
 (c) City Marion, Mo. Street No. 511 Registered No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

2. PRINT FULL NAME Imogene White  
 (a) Residence, No. Galus, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1938  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5 12  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galus, Mo.  
 FATHER 13. NAME Clarence O. White  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berrie, Mo.  
 MOTHER 15. MAIDEN NAME Bertha Bishop  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.  
 17. INFORMANT Clarence O. White  
 (ADDRESS) Galus, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Herron Cemetery, Day 15, 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. R. King, Manager  
Advances, Mo.  
 20. FILED Dec 7, 1938 Mrs. J. A. Berry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1938  
 22. I HEREBY CERTIFY That I attended deceased from Nov 10, 1938, to Nov 14, 1938  
 I last saw him alive on Nov 12, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Nothing  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no, specify \_\_\_\_\_  
 (Signed) E. L. Edmund, M. D.  
 (Address) Galus, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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. ....

P. O. Address .....

**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, above space should be left blank.**