

DEC'D FEB 16 1939

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

4197

Do not use this space.

1. PLACE OF DEATH

(a) County Yevnon ³ Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 9
(c) City Nevada (d) Street No. St. Joseph St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

300 Elijah White
(a) Residence, No. 1020 Emory St. Joplin Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 1 ?

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Smaller Employee
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) Missouri

FATHER
13. NAME ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Records, State Hosp #3, Nevada

18. BURIAL, CREMATION, OR REMOVAL

PLACE Neb. City, Mo. DATE Jan. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Central Funeral Home
Nevada, Mo.

20. FILED Jan. 13, 1939 Allen E. Deane
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1939, to Jan. 13, 1939

I last saw him alive on Jan. 12, 1939 Death is said to have occurred on the date stated above, at 4 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

Degenerative Myocarditis Date of onset ?

Other contributory causes of importance:

Semility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

If so, specify _____

(Signed) Russell H. Vetter M. D.(Address) State Hospital #3, Nevada

STATE OF NEVADA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED
District Health Officer No. 7,
District File Number 7-39-24
Date Filed 2-9-39

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,

Mark Eichinger

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada 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, above space should be left blank.