

1939 APR 7 1939

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

11350
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 4280
 (c) City Aurora (d) Street No. 527 S. Jefferson 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George B White

(a) Residence, No. 527 S. Jefferson 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Millie M White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 18 1889</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>8</u>
		DAYS <u>1</u>
	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Shoe Merchant</u>	
	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) <u>Aurora</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>J. B. White</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Aurora</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Emma Jane White</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Ill.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs Millie White</u> (ADDRESS) <u>Aurora Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Aurora Mo.</u> DATE <u>Mar. 22</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>J. F. King</u> (ADDRESS) <u>Aurora Mo.</u>		
20. FILED <u>4-1</u> 19 <u>39</u> <u>R. D. Cavan</u> M.D. Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1939

22. I HEREBY CERTIFY That I attended deceased from Feb. 10 1939 to Date of death 1939
 I last saw him alive on 3-20-39 Death is said to have occurred on the date stated above, at 12.15 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Pulmonary TB.
+ Tuberculosis of lungs
secondary
 Other contributory causes of importance:
General debility
Received from stroke

Name of operation None Date of None
 What test confirmed diagnosis Physician Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1939
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) J. F. King, M.D.
 (Address) Aurora, Mo.
417

Date of onset
Not known

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.

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

Herman Purridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.