

REC'D MAY 10 1939

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

14938
Do not use this space.

1. PLACE OF DEATH
(a) County GRUNDY Registration District No. 328
(b) Township _____ Primary Registration District No. 3017 Registered No. _____
(c) City TRENTON (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 26 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____
2. PRINT FULL NAME WILLIAM LEO WHITE
(a) Residence, No. 802 west 14th STREET - St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annina White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 6 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Dec, 14, 1938 11. Total time (years) spent in this occupation 56 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri
13. NAME James L. White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wickham Ireland
15. MAIDEN NAME Bridget O'Conor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wickham Ireland
17. INFORMANT (ADDRESS) Mrs W. L. White Trenton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem Trenton Mo DATE 4-17th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Trenton Mo
20. FILED 4-15 1939 J. J. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Apr 15 1939
I last saw him alive on Apr 15 1939 Death is said to have occurred on the date stated above, at 6:50 p.m.
The principal cause of death and related causes of importance were as follows:
Aortitis
Other contributory causes of importance: Chronic myocarditis
Name of operation _____ Date of _____
What test confirmed diagnosis? Tests & findings 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
If so, specify _____
(Signed) E. A. Duffly M. D.
(Address) Trenton 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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APR 24 1945

APR 20 1945

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,

Raymond A. Davis

....., or by

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

Signed

Raymond A. Davis

Licensed Embalmer No.

3424

P. O. Address

Trenton 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.