LEGD JUL 14 1939

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

23059
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph 2 Registration District No. 736
(b) Township Prairie 1 Primary Registration District No. 5964 Registered No. 10
(c) or City Clark (d) Street No. ..... 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 300 Billie Wayne White
(a) Residence, No. ..... 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 Male
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1937
7. AGE 1 YEARS 6 MONTHS 11 DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Clark 0

FATHER
13. NAME Charlie White 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lorine Frances Barron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Charlie White Clark, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Perche DATE June 4, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barnes & Boothe Sturgeon, Missouri
20. FILED June 9, 1939 G T Kimbrough Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1939, to 6-2-39, 19
I last saw him alive on 6-2-, 1939 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:
Effects of drinking kerosene which entered lungs. Died in about 3 hours.
Date of onset
Other contributory causes of importance:
179
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) R A Woods, M. D.
663 (Address) Clark Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

88

1 X16605

RECEIVED
District Health Officer No. 10
District File Number 11-39-1209
Date Filed JUL 11 1939

**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 not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Reuben Barnes

Licensed Embalmer No. 2025

P. O. Address Sturgeon, 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.**