

Registration District No. 135

Primary Registration District No. 5188

Registrar's No. 114

1. PLACE OF DEATH:

(a) County: Carroll

(b) City or town: Rural, Carroll Co. Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community: 65 yrs  
years, months or days

8. (a) PRINT FULL NAME: William C White

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

4. Sex: M 5. Color or race: W

6. (a) Single, widowed, married, divorced: 1

6. (b) Name of husband or wife: Delia Chase White

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: 11 10 1848  
(Month) (Day) (Year)

8. AGE: Years: 90 Months: 10 Days: 11 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Bradford Co, Penn  
(City, town, or county) (State or foreign country)

10. Usual occupation: Black man

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: David White

13. Birthplace: Penn  
(City, town, or county) (State or foreign country)

14. Maiden name: Martha White

15. Birthplace: Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Myrtle Forrest

(b) Address: Carroll Mo

17. (a) Burial (b) Date thereof: 9 20 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Penn

18. (a) Signature of funeral director: Walter Marshall F. Stone

(b) Address: Carroll Mo

19. (a) 9-23-39 (b) Jeth Haskins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Carroll

(c) City or town: rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles NE of Carrollton  
(If rural, give location)

(e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 21<sup>st</sup>  
year: 1939 hour: Eight minute: 20 P. M.

21. I hereby certify that I attended the deceased from 9-1-39  
to 9-21-39, 1939  
and that death occurred on the date and hour stated above.

that I last saw him alive on 9/20/39, 1939

Immediate cause of death: Uræmia

Due to: Hypertrophy of prostate

Due to: \_\_\_\_\_

Other conditions: 137  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury: \_\_\_\_\_

23. Signature: J. H. Stone (M. D. or other) M.D.  
Address: Carroll Mo Date signed: 9/23/39

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

RECEIVED  
Public Health Officer No. 8,  
File Number 10/9/39  
Filed

**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 J. E. Miller  
Licensed Embalmer No. 1783  
P. O. Address Carrollton, Va.

**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.**



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