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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21743

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 519

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
3
6

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1611 N. National (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 1611 N. National (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANK WILLIAM WHITE

3. (b) If veteran, name war Yes: World War 3. (c) Social Security No. 491-05-4370

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 19 (Day) 1893 (Year)

8. AGE: Years 47 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Pipe fitter

11. Industry or business

FATHER
12. Name Charles R. White
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Annie Moss
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Georgie Williams

(b) Address R#11 Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18-1940 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Springfield, Mo.

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield, Mo.

19. (a) June 17, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 29, 1940 to June 14, 1940 that I last saw him alive on June 14-40, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gen Septicemia	15 day
Due to: Injury from Pick wound R. foot	16
Due to: Pulmonary Congestion	2 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None X Ray neg to Fracture

Of autopsy No

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) accident

(b) Date of occurrence 5-29-40 Springfield

(c) Where did injury occur? at work (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9-84 (Specify type of place) Industrial

While at work? Yes (e) Means of injury Struck by pick

23. Signature J. F. Freeman (M. D. or other)

Address Springfield Mo Date signed 6/15/40

(Licensed Embalmer's Statement on Reverse Side)

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 William Max Thom

Licensed Embalmer No. 4071

P. O. Address Springfield

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.

X