

FILED JUL 9 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22480

State File No.

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town RURAL - BRAGGADOCIO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3/4 mile S. of Braggadocio, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 45 years

8. (a) PRINT FULL NAME ARTHUR COIL WHITE

8. (b) If veteran, name war X none 8. (c) Social Security No. X none

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

6. (b) Name of husband or wife Ida White 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 21, 1883  
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace  Holmes County, Miss.   
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Sam White

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

14. Maiden name Mattie Lang

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

16. (a) Informant Wm. J. White

(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof 6/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director La Fargis

(b) Address Caruthersville, Mo.

19. (a) 6/2/40 (b) Pearl Kelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(b) State Missouri (b) County Pemiscot  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3/4 mile S. of Braggadocio  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 21st  
1939, to May 31, 1940  
that I last saw him alive on May 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration 3 yrs

Due to Chronic myocarditis 3 yrs

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Ch. Pastor (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 6/2/40

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

7-70-2

**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. S. Schuman  
Licensed Embalmer No. 4086  
P. O. Address Courthaven, 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.**