

NOV 20 1940

Registration District No. 212 Primary Registration District No. 5682 Registrar's No. 12

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

1. PLACE OF DEATH:
 (a) County Livingston
 (b) City or town Utica
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 75 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Livingston
 (c) City or town Utica
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Chester J. White
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 24 1864
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 9 year 1940 hour 4 minute 10 P. M.
 21. I hereby certify that I attended the deceased from Sept 27, 1940 to Oct 9, 1940 and that I last saw him alive on Oct 4, 1940

8. AGE: Years 75 Months 0 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial infarction Duration _____
 Due to Senility
 Due to _____

9. Birthplace Utica Missouri
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation Laborer

11. Industry or business _____
 12. Name George W. White
 13. Birthplace Unknown Virginia
 14. Maiden name Rebecca Cleveland
 15. Birthplace Unknown Virginia

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

16. (a) Informant Charles White
 (b) Address Utica, Missouri

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

17. (a) Burial (b) Date thereof 10-11-'40
 (c) Place: burial or cremation Utica, Mo. Cem.

23. Signature [Signature] (M. D. or other) _____
 Address Chillicothe, Mo. Date signed _____

18. (a) Signature of funeral director F.B. Norman Co.
 (b) Address Chillicothe, Missouri
 19. (a) Oct 11, 1940 (b) [Signature]

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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....

working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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, fact should be so stated above.