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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13782

State File No. _____

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 hours Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 717 E. Promenade
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edwin L^{ter} White

3. (b) If veteran, name war No 3. (c) Social Security No. 709-10-9632

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Jennie H. White 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec 8, 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 1D
If less than one day hr. _____ min.

9. Birthplace Payton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Fireman

11. Industry or business Alton R. R.

12. Name George E. White

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

14. Maiden name Mary Krause

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

16. (a) Informant Ralph Denton
(b) Address New York City, N. Y.

17. (a) Burial (b) Date thereof May 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Geo. Assmeyer
(b) Address Mexico, Missouri

19. (a) May 20 1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1941 hour 11 minute 30P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on former date, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial hemorrhage

Due to self inflicted gun shot wound of head

Due to _____
Other conditions (include pregnancy within 3 months of death) 164C

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence May 18, 1941

(c) Where did injury occur? Mexico Audrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23 in his house
While at work? no (Specify type of place) (e) Means of injury 3

23. Signature E. B. Ruston Corcoran (M.D. or other) 5/18/41
Address Mexico Mo Date signed 5/18/41

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

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

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JUN 21 1941

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.....

Clara Arnold

Licensed Embalmer No. 3569

P. O. Address Murphy, 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.