

FILED MAY 14 1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15572

State File No.

Registration District No. 701

Primary Registration District No. 5930

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Polk

(b) City, or town Balian (Rural) Marion Co
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 1/2 Miles N.W. of Balian
(If not in hospital or institution, write street number or location)

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

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Balian (Rural) Marion Co
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 Miles N.W. of Balian
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Preston R. White

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 1941, to April 10 1947;
that I last saw him alive on March 27 1941;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Albendia White 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Jan. 10 (Month) 1859 (Day) (Year)

Immediate cause of death
Comp. of Tuberculosis of lungs

Due to _____

Due to Tuberculosis Pneumonia and Soudility

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 3 Days 7 If less than one day hr. _____ min. _____

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

Major findings: Of operations 12/12

Of autopsy _____

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name William C. White

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

14. Maiden name Rebecca Milligan

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

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? 630
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Robert (M. D. number) _____
Address Balian Mo. Date signed _____

16. (a) Informant Mrs. O. J. Ellis

(b) Address Balian Mo.

17. (a) Burial (b) Date thereof April 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Whitwood Evers

(b) Address Balian, Mo.

19. (a) 4/18 (b) J. F. Robert
(Date received local registrar) (Registrar's signature)

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

2
4-41
7-39
X28390

RECEIVED

District No. : Officer No. 7,

District File Number 5-41-867

Date Filed 5-13-41

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.....

Frank Liable Jr.

Licensed Embalmer No.....

4140

P. O. Address.....

Bolivar, 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.