

2
12-40
7-39
X23159

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hosp.
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Darrell Ray White
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased May 31 1941

8. AGE: Years Months Days If less than one day
0 0 0 6 hr. min.

9. Birthplace Springfield, Missouri

10. Usual occupation Inf.

11. Industry or business _____

12. Name Vernon White
13. Birthplace Springfield Missouri
14. Maiden name Mary E. Harris
15. Birthplace Springfield Missouri

16. (a) Informant Vernon White
(b) Address Pleasant Hope, Mo.

17. (a) Burial (b) Date thereof June 1 1941
(c) Place: burial or cremation Pleasant Hope, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 6-1-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1941 hour 8 minute 30 a. M.
21. I hereby certify that I attended the deceased from May 31,
1941 to May 31, 1941;
that I last saw him alive on May 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Stillborn
Due to _____
Due to Premature
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

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?

23. Signature [Signature] (Specify type of place) _____
While at work? _____ (c) Means of injury _____
(M. D. or other) _____
Date signed June 2

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.