

No. 2
4-13-40
5-17-39
P-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Jurnee 2812
State File No. _____

FILED FEB 18 1942

Registration District No. _____

Primary Registration District No. 3027

Registrar's No. 12

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Macon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Frank White

3. (b) If veteran, World War # 1 name war # 3222743
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 2-8-1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Labour

11. Industry or business _____

12. Name Thos. A. White
13. Birthplace Macon Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Green
15. Birthplace Macon Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willard W. Loe
(b) Address Macon, Missouri

17. (a) Burial (b) Date thereof 1-30-42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Albert Skirby
(b) Address Macon, Missouri

19. (a) 2/10/42 (b) W. J. Jurnee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29th
year 1942 hour 3 - minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1942 to Jan. 29, 1942
that I last saw him alive on Jan. 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute encephalitis post influenzaial
Due to _____

Due to Influenza

Other conditions (include pregnancy within 3 months of death) 33 lb

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

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. J. Jurnee (M. D. or other) _____
Address Macon, Mo. Date signed 2-10-42

Duration 4 days
unknown
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

FEB 12 1942

This body was not embalmed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Paul J. Ballou

Licensed Embalmer No. *4206*

P. O. Address *Macon, 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.