

Registration District No. 656-269 Primary Registration District No. 5907 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
 (a) County Pemiscot 5873  
 (b) City or town Steele MO (Cooter)  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community Eight months years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pemiscot 78  
 (c) City or town Steele MO Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Wesley White Jr  
 3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 7 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race 2 negs 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

21. I hereby certify that I attended the deceased from July 5-7 1942 to July 7 1942 that I last saw him alive on the 7 July and that death occurred on the date and hour stated above.  
 Immediate cause of death Cholera in 2 w/hooping cough  
 Duration \_\_\_\_\_

7. Birth date of deceased: 11 (Month) 4 (Day) 1941 (Year)  
 8. AGE: Years \_\_\_\_\_ Months 8 Days 4 If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Jones Ark 1 (City, town, or county) (State or foreign country)  
 10. Usual occupation Infant

11. Industry or business \_\_\_\_\_  
 12. Name John Wesley White  
 13. Birthplace Mason Tenn (City, town, or county) (State or foreign country)  
 14. Maiden name Sitha May Williams  
 15. Birthplace Tupelo Miss 1 (City, town, or county) (State or foreign country)

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

16. (a) Informant John Wesley White  
 (b) Address Steele MO  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (c) Place: burial or cremation Holly Grove Camp  
 18. (e) Signature of funeral director Edwin C. ...  
 (b) Address Steele MO  
 19. (a) 8-3-42 (Date received local registrar) (b) E. Edinbaugh (Registrar's signature)

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)  
 Means of injury \_\_\_\_\_  
 23. Signature J. R. McDaniel (M. D. or other)  
 Address Steele MO Date signed 7-7-42

8-42-17

---

---

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.....

*was not embalmed*

..... 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 with the above constitutes grounds for revocation of license.)**

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