S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1942

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

28433

State File No.

Registration District No. 863 Primary Registration District No. 6137 Registrar's No.

**1. PLACE OF DEATH:**
(a) County Texas
(b) City or town Rural, Piney Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 -------
In this community 73 yrs. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Texas 107
(c) City or town 3 miles S. W. of Houston Mo.
(If outside city or town limits, write "RURAL") 0
(d) Street No. --------
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

3. (a) PRINT FULL NAME Stephen Steffins White.
3. (b) If veteran, name war -----
3. (c) Social Security No. ----
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W S.
6. (b) Name of husband or wife Rachiel Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 25th. (Day) 1869 (Year)
8. AGE: Years 73 Months 1 Days 1 If less than one day hr. min.
9. Birthplace Texas County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farming & Stockman
11. Industry or business Farming
MOTHER FATHER
12. Name J. C. White.
13. Birthplace --- (City, town, or county) Tenn. / (State or foreign country)
14. Maiden name Mary Nickels
15. Birthplace ----- (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Wm. C. White,
(b) Address Houston Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 1st, '42 (Month) (Day) (Year)
(c) Place: burial or cremation White Family Cemetary
18. (a) Signature of funeral director G. V. Elliott.
(b) Address Houston Mo.
19. (a) 3-4-42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 26th. year 1942 hour 3 minute --P.M.
21. I hereby certify that I attended the deceased from MAR 25 1938 to FEB 26 1942 that I last saw him alive on FEB 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS — Duration
Due to SENILE ARTERIO SCLEROSIS
Due to
Other conditions INFLUENZA
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. V. Elliott (M. D. or other) 40
Address Houston Mo. Date signed 2-28

1240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 842691
Date Filed 8-21-42

**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 E. Wood

Licensed Embalmer No. 4026

P. O. Address Houlton, Me

**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.**