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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 170

FILED DEC 7 1942

Registration District No. 107

Primary Registration District No. 5422

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Charles White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1947 hour 2 minute 500 M.

21. I hereby certify that I attended the deceased from April 1, 1947 to Oct 18, 1947
that I last saw him at alive on Oct 16, 1947
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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 3 1858
(Month) (Day) (Year)

Immediate cause of death Heart Duration _____

Due to General Arterial Sclerosis

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 9:50

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Sparta Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Doug White

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

14. Maiden name Peggie Taylor

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

16. (a) Informant D. F. White

(b) Address Kennett Mo

17. (a) Burial (b) Date thereof 10-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lynch & Co

(b) Address Kennett Mo

19. (a) 11-27-42 (b) Julius Blankenship
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____

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

23. Signature Paul Balbois (M. D. or other) M.D.
Address Kennett Mo Date signed 10-21-42

RECEIVED

District Health Office No. 2,

District File Number 1242-1500

Date Filed 12-5-42

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 Walter C. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.