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1

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin ³⁵

(c) City or town Malden ³
(If outside city or town limits, write "RURAL.")

(d) Street No. 307 West Laidle
(If rural, give location)

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

3. (a) PRINT FULL NAME Wm Jasper White

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1942 hour 3:45 minute P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased Nov. 21 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1
1891 to Dec 5, 1942
that I last saw him alive on Dec 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis ^{Diagnosed}

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>66</u> | <u>0</u> | <u>14</u> | hr. min. |

Due to elastosis from teeth and arteriosclerosis

Due to.....

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) - 93d

10. Usual occupation Merchant Grocery

11. Industry or business.....

MOTHER FATHER { 12. Name ek

13. Birthplace ek 9
(City, town, or county) (State or foreign country)

14. Maiden name ek

15. Birthplace ek 9
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

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

16. (a) Informant J. W. White

(b) Address Malden Mo.

17. (a) Burial (b) Date thereof Dec. 4 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Stanjell

18. (a) Signature of funeral director Lambert F. Home

(b) Address Campbell Mo.

19. (a) Dec 5 42 (b) W. Elder
(Date received local registrar) (Registrar's signature)

23. Signature J. W. White (Specify type of place) Home
While at work? (c) Means of injury Home

Address Malden Date signed Dec 5/42

RECEIVED

District Health Office No. 2,

District File Number 143-50

Date Filed 1-8-48

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

Christina M. Linder

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.