

ED. MAR 15 1943

Registration District No. **176**

Primary Registration District No. **5655**

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 111 days
(Specify whether In this community 111 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone

(c) City or town Reeds Springs
(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 Earl St. Clair White

3. (b) If veteran, name war No.

3. (c) Social Security No. 572-03-0719

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 7, 1942, to Feb. 25, 1943 that I last saw him alive on Feb. 24, 1943 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 married

6. (b) Name of husband or wife Estelle White

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased. January 13 1912
(Month) (Day) (Year)

Immediate cause of death. Pulmonary tuberculosis 1 year Duration

Due to _____

Due to _____

Other conditions Broncho-pulmonary fistula 8 days
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day, hr. min.

31 1 12 _____ hr. _____ min.

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

10. Usual occupation Laborer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 13 p 1

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name Edd R. White

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

14. Maiden name Beaudette

15. Birthplace Green Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon Mo

17. (a) Removal (b) Date thereof 2/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reed Springs Mo

18. (a) Signature of funeral director J. B. Stokes

(b) Address Laurard Mo.

19. (a) 7-24-43 (b) Audrey Crawford
(Date received local registrar) (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) (e) Means of injury _____

23. Signature J. B. Stokes (M. D. or other) _____

Address Mt. Vernon Mo. Date signed 2/25/43

1398

RECEIVED

District Health Officer No. 6;

District File Number 343-292

Date Filed MAR 12 1943

SEP 3 1943

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 Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.