

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14035

State File No. _____

Registrar's No. 34

Registration District No. _____

Primary Registration District No. 4125

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Revere
(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 _____ (Specify whether
In this community 4 yrs. years, months or days)3. (a) PRINT FULL NAME John Henry White

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 1 divorced Married6. (b) Name of husband or wife Dell White 6. (c) Age of husband or wife if alive 72 years7. Birth date of deceased June 6-1870 (Month) (Day) (Year)8. AGE: Years 72 Months 9 Days 1 If less than one day _____ hr. _____ min.9. Birthplace Mo. (City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business _____

12. Name Silman White13. Birthplace Ohio (City, town, or county) (State or foreign country)14. Maiden name Lucy Aht15. Birthplace Ind. (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Dell White(b) Address Revere Mo.17. (a) Burial (b) Date thereof Mar. 9-1943 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Kakaha Co.18. (a) Signature of funeral director J. L. Maxwell(b) Address Kakaha Co. Mo.19. (a) 4-6-43 (b) Perry S. Botta (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark
(c) City or town Revere
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1943 hour seven minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration 2 yrs

Due to _____

Due to _____

Other conditions 300
(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 J. L. Maxwell (M. D. or other) Revere Mo.Address Revere Mo. Date signed 3-12-43

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

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 543-777

Date Filed MAY 5 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 Otis R. Luttering

Licensed Embalmer No. 2965-1

P. O. Address Lurray 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.