

Registration District No. 14

Primary Registration District No. 5135

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural, near Quin

(c) Name of hospital or institution: 1 ash Hill Camp
(If outside city or town limits, write "RURAL" and name of township)

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

In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Near Quin (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Eugene Clarence 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, divorced Single

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

7. Birth date of deceased September 18, 1934
(Month) (Day) (Year)

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

8 10 27 _____ hr. _____ min.

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

10. Usual occupation Schoolboy

11. Industry or business _____

MOTHER FATHER { 12. Name Noah William White

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

14. Maiden name Bessie Elizabeth Guber

15. Birthplace Glen Allen Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Noah Wm. White

(b) Address Quin, Missouri

17. (a) Burial (b) Date thereof Aug. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quin Cemetery

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Cambell, Missouri

19. (a) 8-19-43 (b) Belle Stunne
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1943 hour 9:45 minute _____ P. 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: Fracture of skull and cerebral hemorrhage

Due to Crushed by load of mine props falling from wagon.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1952 99

Of operations _____

Of autopsy _____

Duration _____

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) Accident 112

(b) Date of occurrence August 13, 1943

(c) Where did injury occur? Near Quin
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

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

23. Signature Alfred W. Greer Butler Co. Kansan
(M. D.)

Address Poplar Bluff, Mo. Date signed 8-14-43

RECEIVED
District Health Office No. 2,
District File Number 943-1169
Date Filed 9-13-43

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.