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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILL DEC 11 1943
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 955

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

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

(c) Name of hospital or institution:
925 W. High St. /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 925 W. High
(If rural, give location)

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

3. (a) PRINT FULL NAME Melvin E. White

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1943 hour 7:30 minute _____ P.^m.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Ruth May White 6. (c) Age of husband or wife if live 66 years
August 2 1870

7. Birth date of deceased. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
Unattended by physician
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 3 24 hr. min.

Immediate cause of death _____
Cerebral hemorrhage

Due to _____

Due to _____

9. Birthplace Coachburg Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer Farming

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

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Eden White

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

14. Maiden name Mary Elizabeth Long

15. Birthplace Wich. Ill.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Bruce White
Springfield Mo.

(b) Address _____

17. (a) Removal & Burial (b) Date thereof II-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

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? _____

18. (a) Signature of funeral director J. W. Klingner & Co.
Springfield, Mo.

(b) Address _____

19. (a) 11-27-43 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. S. Handley (M. D. or other) Local Registrar
Address Springfield Mo. Date signed 11/27/43

DEC 17 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..... *Max Rhodes*
Licensed Embalmer No. *4071*
P. O. Address *Springfield*

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.

X