S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

JUN 1 1945 JUN 16 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17239

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 102

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 615 S. Howard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 615 Howard St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Levi Franklin White
3. (b) If veteran, name war none
3. (c) Social Security No. 494-18-4508
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elma White
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 27, 1868 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Stotts City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
12. FATHER Name William White
13. FATHER Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
14. MOTHER Maiden name unknown Greer
15. MOTHER Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Hershal L. White
(b) Address 615 Howard St. Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Dudman Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) May 12 '45 (Date received local registrar) (b) Elizabeth Couplee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1945 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from December 14, 1944 to April 20, 1945 that I last saw him alive on April 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of penis — Duration
Due to
Due to
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury
23. Signature D. Russell Smith (M. D. or other) M.D.
Address Carthage, Mo. Date signed 5-11-45

1203

(Licensed Embalmer's Statement on Reverse Side)

45-5-472

JUN 16 1945

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 Emma C. Knell

Licensed Embalmer No. 391

P. O. Address Carthage

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.