

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 18 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18377

Registration District No. 233

Primary Registration District No. 2074

Registrar's No. \_\_\_\_\_

20  
5  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:  
Sikeston General 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WK  
(Specify whether)

In this community 40 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scott <sup>100</sup> 5

(c) City or town Sikeston 2  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM ALLEN WHITE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1945 hour 8 minute 30 P. M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Beessie L

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 12 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3, 1945 to Jan 23, 1945  
that I last saw him alive on Jan 21, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 8 Days 11 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Columbus Ind 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Dealer

Other conditions (Include pregnancy within 3 months of death) 85a

11. Industry or business \_\_\_\_\_

12. Name John White

13. Birthplace Columbus Ind 1  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mitchell

15. Birthplace Columbus Ind 1  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mary Johnston

(b) Address Elizabethtown Ky

17. (a) Burial (b) Date thereof 1-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Sikeston Mo

18. (c) Signature of funeral director Wald Funeral Home

(b) Address Sikeston Mo

19. (a) 5/14/45 (b) Louise Largent  
(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Manner of injury 0

23. Signature D J Hunslett (M. D. or other) \_\_\_\_\_  
Address Sikeston Mo Date signed 1/23/45

1314

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No 2

District File Number 545-172

Date Filed 5-15-59

APR 22 1959

MAY 2 1959

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.....

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.