. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19788

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: St Vincent Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week (Specify whether
In this community Forty six years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. Broadway Hotel - 500 Broadway
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Charles White

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Amelia Needham White

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

7. Birth date of deceased June (Month) 21 (Day) 1860 (Year)

8. AGE: Years 84 Months 11 Days 24 If less than one day hr. ✓ min.

9. Birthplace Near Terre Haute (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired R.R. Conductor

11. Industry or business Frisco R.R

FATHER
12. Name Basil White
13. Birthplace Not Known (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Matilda Hunter
15. Birthplace Not Known (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Chas. Mansfield

(b) Address 410 Frisco, Monett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cem. Monett Mo

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) June 18-1945 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1945 hour 8 minute 5 P. M.

21. I hereby certify that I attended the deceased from 6-5-45, 19__, to 6-15-, 1945
that I last saw him alive on 6-15-45, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. M. Mist (M. D. ~~or other~~)

Address Monett Mo Date signed 6/16/45

1320

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 745-276
Date Filed JUL 11 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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.