

No. 2  
9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

Dr. Pickens

**FILED** JAN 26 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **2774**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **GREENE**

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

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

(d) Length of stay: In hospital or institution **1 Hour 40 Min.**  
(Specify whether years, months or days)

In this community **1 Hour 40 Min.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

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

(d) Street No. **1218 W. Water** **6**  
(If rural, give location) **8**

(e) Citizen of foreign country? **(Yes or No)**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Beverly Ann White**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **06**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **NONE**

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

7. Birth date of deceased **Jan. 12, 1946**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>0</b>	<b>0</b>	<b>0</b>	<b>1 hr. 40 min.</b>

9. Birthplace **Springfield Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

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

MOTHER FATHER

12. Name **Ted White**

13. Birthplace **Mammoth Springs Arkansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charley Opal Williams**

15. Birthplace **Fulton Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ted White**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **1/13/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eastlawn**

18. (a) Signature of funeral director **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **1-14-46** (b) **B. W. E. Handley**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan.** day **12**  
year **1946** hour **6** minute **55 p.** M.

21. I hereby certify that I attended the deceased from **1-12-46**  
\_\_\_\_\_, 19\_\_\_\_, to **1-12-46**  
\_\_\_\_\_, 19\_\_\_\_.

that I last saw her alive on **1-12-46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (6 1/2 mo)**

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **159**  
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)**  
**(b) Means of injury** \_\_\_\_\_

23. Signature **Edmund [unclear]** (M. D. **[unclear]**)  
Address **Spfld, Mo.** Date signed **1-14-46**

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

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**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.)**

**This Body Not Embalmed**

**If this body is not embalmed, fact should be so stated above.**

X