

FILED APR 2 1946

Primary Registration District No. 5452

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove, Missouri, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural Boone township North
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove, Missouri, R.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural North Boone township
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Thomas G. White

3. (b) If veteran, name war W.I.

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1946 hour 2 minute 20 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtia Stantler

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

7. Birth date of deceased August - 26 - 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9, 1946 to Jan 12, 1946; that I last saw h.f.m. alive on March 12, 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Angina pectoris

Duration 6 mo.

Due to Arteriosclerotic heart disease 6 mo.

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

10. Usual occupation Electrical Engineer & Designer

11. Industry or business General Stock & Grain farmer

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Bartholmeus White

13. Birthplace Not known (City, town, or county) _____ (State or foreign country)

14. Maiden name Stehen Golden

15. Birthplace Not known (City, town, or county) _____ (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Myrtie White

(b) Address Ash Grove, Missouri, R.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3/31/46 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Gene A. Brinn

(b) Address Walrus Grove, Missouri

19. (a) March 30, 1946 (Date received local registrar)

(b) Gene P. Wilson (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? _____

While at work? _____ (Specify type of place) _____ Means of injury _____

23. Signature S. S. [Signature] (M. D. or other) _____

Address Springfield, Missouri Date signed 3-30-1946

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

39

8073

Case No. 46-4-37
Date Filed 4-1-46

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 Gene A. Grimm
Licensed Embalmer No. 7664
P. O. Address Wabash Grove Missouri

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.