

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 11 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 524

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hrs.
(Specify whether

In this community Thirty Years
(in years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County GREENE

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Y. White

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased 10 - 18 - 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Mo UNK. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Common laborer

MOTHER FATHER

11. Industry or business _____

12. Name Henry White

13. Birthplace Tenn - UNK. Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bachannon

15. Birthplace Tenn - UNK. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant George White

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 6-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove, Mo.

18. (a) Signature of funeral director Morris B. Leimido

(b) Address Ash Grove, Mo.

19. (a) 6-18-46 (b) Dr. M.S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16
year 1946 hour 9 - 30 minute P.M.

21. I hereby certify that I attended the deceased from 6/15 1946 to 6/16 1946
that I last saw him alive on 6/16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Old cerebral hemorrhage

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy 107

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 Robert D. Duncan (M. D. or other) M.D.

Address U.S. Medical Center, Inc., Mo. Date signed 6/18/46

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

9
2
6

18400

APR 15 1946

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 Maudie O. Morris

Licensed Embalmer No. 2053

P. O. Address Ash Grove 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.

x