

No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. **27965**
Registrar's No. **339**

Registration District No. **274** Primary Registration District No. **3052**

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Saline** **97**
(c) City or town **Nelson** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **Nelson**
(If rural, give location) **1**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Albert R. White**
3. (b) If veteran, **World War I** **3. (c) Social Security** No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **10,**
year **1946** hour **5:00** minute **P.** M.
21. I hereby certify that I attended the deceased from
Aug. 6 19**46** to **Aug 10** 19**46**
that I last saw him alive on **Aug 10** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Single**
6. (b) Name of husband or wife **6. (c) Age of husband or wife if alive** ******** years

Immediate cause of death **Acute Hemorrhagic Pancreatitis**
Duration **7 da**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

7. Birth date of deceased **November 24, 1890**
(Month) (Day) (Year)
8. AGE: Years **55** Months **8** Days **16** If less than one day hr. min.

Major findings: **Pancreatitis with fat necrosis of omentum and mesentery**
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Pilot Grove, Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Postmaster Nelson, Mo.**
11. Industry or business

MOTHER FATHER
12. Name **Joseph T. White**
13. Birthplace **Neola, Iowa** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth B. Bohanon**
15. Birthplace **Nodaway County, Mo.** (City, town, or county) (State or foreign country)

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?

16. (a), Informant **T.L. White (bro.)**
(b), Address **Nelson, Mo.**
17. (a) Burial (b) Date thereof **8/13/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Wuane Gwinn**
(b) Address **Sedalia, Mo.**
19. (a) 8/15/46 (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

23. Signature **A.L. Walter** (M. D. or other) **MO**
Address **Sedalia Mo** **Date signed** **8-12-46**

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

251

(Licensed Funeral Director's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Case Filed 8-24-46

AUG 30 1946

79
SEP 12 1946

SEP 9 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 Dean Ewing

Licensed Embalmer No. 3847

P. O. Address Bedford, 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.