

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34088

State File No. _____
Registrar's No. 103

FILED OCT 17 1946

Registration District No. 184

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:
712 Lincoln Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 52 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 712 Lincoln St. 2
(If rural, give location) No 0

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

3. (a) PRINT FULL NAME Benjamin Franklin White

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Anna Schneider

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 1, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 5 29 hr. min.

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

10. Usual occupation Merchant

11. Industry or business Clothing

12. Name Anderson J. White

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Fanny Wentworth (City, town, or county) (State or foreign country)

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Leonard B. White

(b) Address Brookfield, Mo.

17. (a) Burial (b) Date thereof 10/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address Brookfield, Mo.

19. (a) 10-3-46 (b) W. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 30
year 1946 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 8 1946 to Sept 30 1946
and that death occurred on the date and hour stated above.
I last saw him alive on Sept 30 1946

Immediate cause of death Transition from refusal to take food Duration 2 mo.

Due to Chronic Tuberculosis 2 years

Other conditions Chronic Tuberculosis 7 yrs.
(Include pregnancy within 3 months of death)
and interstitial nephritis

Major findings:
Of operations

Of autopsy 13C

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)
(e) Means of injury VD

23. Signature Mark H. Trout (M. D. or other)

Address Brookfield Mo Date signed 10/3/46

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(Licensed Embalmer's Statement on Reverse Side)

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Harold B. Wright*.....
Licensed Embalmer No. *3718*.....
P. O. Address..... *Brookfield, 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.