

Primary Registration District No. 4508

1. PLACE OF DEATH

(a) County Stone  
(b) City or town Galena  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: about 4 months  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John L. White

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race wh  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Dead  
6. (c) Age of husband or wife if alive 27 years (Month) (Day) (Year)  
7. Birth date of deceased April 27 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone Co. Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name John R. White

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

14. Maiden name Mary Denton

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

16. (a) Informant J. M. White

(b) Address Pleeds Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Wetzel's Cemetery

18. (a) Signature of funeral director Emeritt J. Cheatham

(b) Address Galena Mo.

19. (a) Oct 26-46 (Date received local registrar) (b) Lena Murray Dep. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone  
(c) City or town Galena (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from at death Oct 23, 1946 to \_\_\_\_\_, 19\_\_\_\_

that I last saw him on Oct 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Drainage of Heart Duration 1 hr.

Due to Old age.

Due to No medical attention

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

Major findings: Of operations 165 B

Of autopsy \_\_\_\_\_

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 fall

23. Signature Emeritt J. Cheatham (M. D. or other) Cover

Address Galena Mo. Date signed Oct 24

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

RECEIVED

District Health Officer No. 6;

District File Number 1146-1144

Date Filed NOV 18 1946

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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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salena 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.