

FILED JAN 9 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5094

Registrar's No. 185

## 1. PLACE OF DEATH:

- (a) County BATES  
 (b) City or town Rich Hill, RFD.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_  
 years, months or days 14 years (Specify whether \_\_\_\_\_)

3. (a) PRINT  
FULL NAMEBILLY JACK WHITE.

3. (b) If veteran, name war WORLD WAR II  
 3. (c) Social Security No. \_\_\_\_\_

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 \_\_\_\_\_

7. Birth date of deceased MARCH - 7 - 1926  
 (Month) (Day) (Year)

8. AGE: Years 20 Months 9 Days 23  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Student. Mo. U.

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

- MOTHER FATHER { 12. Name John White  
 13. Birthplace Toplin Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bernice Herford  
 15. Birthplace Rich Hill, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant John White  
 (b) Address Rich Hill, Mo.

17. (a) Burial (b) Date thereof Jan-2-1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenlaw's

18. (a) Signature of funeral director Booth's  
 (b) Address Rich Hill, Mo.

19. (a) Jan 2, 1947 (b) Mrs. Edna Dargless  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Bates  
 (c) City or town Rural  
 (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 Dec. day 30th.  
 year 1946 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 to \_\_\_\_\_ 1946 to \_\_\_\_\_ 1946  
 that I last saw him/her on Dec 30 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Death by Kinetic Accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Dr. J. J. Allen (M. D. or D.O.) \_\_\_\_\_  
 Address Rich Hill, Mo. Date signed Jan 1, 1947

ADDITIONAL  
SUPPLEMENTARY  
MEDICAL CERTIFICATION  
REQUIRED

## PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 19 1947

JAN 13 1947

1-2-47  
12-46-220  
DICKSON  
RECEIVED

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 *John G. Underwood*  
Licensed Embalmer No. *3585*  
P. O. Address *Butler*

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *Jan 181*  
Registrar's No. *181*

Registration District No. *25* Primary Registration District No. *5094*

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

*Billy J. White*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased *mar 2 1902* (Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year *1947* Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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

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 *Mar 2 1947*  
(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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**SUPPLEMENTARY**

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

39575