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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 13337

Registrar's No. 216A

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town R. South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. #3, Springfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Nine years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield Rural 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME William D. White

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

3. (c) Social Security No. .....

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Sarah Carter

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

7. Birth date of deceased Oct (Month) 27 (Day) 1859 (Year)

8. AGE: Years 87 | Months 4 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Wright Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Thomas White
13. Birthplace Tenn (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Landon White
(b) Address Route 3 Springfield, Mo

17. (a) White Cem. (Burial, cremation, or removal) (b) Date thereof 3-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation White Cem.

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-12-47 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Unattended, 19 by physician, 19 ;
that I last saw h..... alive on ....., 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably chronic myocarditis	
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 .....

(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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W E Handley local registrar (M. D. or other)

Address Springfield Mo. Date signed 3/12-47

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.