S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18143

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 220

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeths Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Palmyra Mo. (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Joseph White
3. (b) If veteran, name war Child
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced XXXXXXXX
6. (b) Name of husband or wife XXXXXXXXX
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4 (Day) ~~1896~~ 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
I	2	I4	hr. min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Child
11. Industry or business XXXXXXXXXXXXXXXXXXXXXXXXXX
FATHER
12. Name Russell White
13. Birthplace Marion County Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Agness Johnson
15. Birthplace Marion County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Russell White
(b) Address Palmyra Marion County Missouri
17. (a) Catholic Cemetary (Burial, cremation, or removal) (b) Date thereof 5-20-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Missouri
18. (a) Signature of funeral director E. J. Sprague
(b) Address Palmyra Mo.
19. (a) 6-6-47 (Date received local registrar) (b) W E M Lucke (Registrar's signature) 199

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day I8
year I947 hour 4, P.M. minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 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 Chronic Myelogenous Leukemia	10 months plus
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 74 B	
Major findings: Of operations Huge Spleen and Liver	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Daniel B. Landau, M.D. (M. D. or other)
Address Hannibal, Mo. Date signed 5/24/47

(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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.