

FILED JUL 11 1947

Registration District No. 102

Primary Registration District No. 474

Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Cardwell
(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 30 years
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Franklin
(c) City or town Cardwell
(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

3. (a) PRINT FULL NAME VON-ALBION WHITE
3. (b) If veteran, name war World War 1
3. (c) Social Security No. None

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Feb. 12 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 4 8 hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name J. A. White
13. Birthplace Bainsville Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Butler
15. Birthplace Gipson Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. White
(b) Address Cardwell, Mo.

17. (a) Burial (b) Date thereof June 12 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cude Cemetery (Senath)

18. (a) Signature of funeral director Harold W. Co.
(b) Address Leachville, Ark.

19. (a) 6-24-47 (b) Ed. Hussey
(Date received local official) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9th
year 1947 hour 9.15 minute P. M.
21. I hereby certify that I attended the deceased from June 2
1947, to June 9 1947
that I last saw him alive on June 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Chronic
Due to Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 13 B
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

Where did injury occur? (City or town) (County) (State)
(c) 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. C. Glasgow (M. D. or other)
Address Cardwell Mo Date signed 6-17-47

Duration PK
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District File Number 247-957
Date Filed 7-9-47

FEB 5 1948

JUL 14 1947

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 W. H. Howard
Licensed Embalmer No. 3959
P. O. Address Leachville, Ark.

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.