

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Green  
(b) City or town Springfield Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 hrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1121  
(c) City or town Seymour Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 1  
(Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Samuel Jesse 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 Married  
6. (b) Name of husband or wife Ella White 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased October 5 1864  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Laclede County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business retired Merchant

12. Name Mose White

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

14. Maiden name Amanda Freeman  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella White (wife)

(b) Address Seymour Mo

17. (a) Burial (b) Date thereof 9 1 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Kelley Terrell Bergman

(b) Address Seymour Mo

19. (a) 9-2-47 (b) W E Handley M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 21 1947 to 8-30 1947  
that I last saw him alive on 8-30 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforating ulcer, course undetermined  
Duration 3.6 hrs

Due to.....

Due to.....

Other conditions arteriosclerosis that also 1 year  
(Include pregnancy within 3 months of death)

Hypertrophied prostate any year  
Major findings: 930  
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) Means of injury OV

23. Signature [Signature] (M. D. or other)

Address Springfield Mo Date signed 9/2/47

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

39  
2  
6

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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 W. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Franklin

**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.**