S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35083

State File No.

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 96

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Marshall St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. West Marshall St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank White

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Susie White

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 15, (Day) 1876 (Year)

8. AGE: Years 71 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Jackson, (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

FATHER
12. Name Henry White
13. Birthplace Jackson, Mississippi (City, town, or county) (State or foreign country)

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

16. (a) Informant Anderson White
(b) Address Charleston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery Charleston, Missouri

18. (a) Signature of funeral director John Kimmelberg
(b) Address Charleston, Missouri.

19. (a) 10-14-47 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature) 101

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd year 1947 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from on Aug 29, 1947, to 19 ; that I last saw him alive on 8-29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Carded Renal disease

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause of 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 E. Chas Rolwing (M. D. ~~or other~~)
Address Charleston Mo. Date signed 9/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1047-1360
Date Filed 10-20-47

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 Joe R. Nunnelee

Licensed Embalmer No. 443

P. O. Address Charleston, 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.