

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11396**
Registrar's No. **65**

FILED MAY 13 1948 / 0
Registration District No. **3002**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Co. Hospital
(If not in hospital or institution, write the street number or location)

(d) Length of stay: In hospital or institution 24 days
(Specify whether years, months or days)

In this community Entire life

3. (a) PRINT FULL NAME William Garmand White

3. (b) If veteran, name war W.W.#1

3. (c) Social Security No. 6

4. Sex M 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec 5 - 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 26
If less than one day hr. min.

9. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor - M.D.

11. Industry or business

12. Name Syander White

13. Birthplace Cooper Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jesinberry

15. Birthplace Cooper Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha White

(b) Address Centralia, Missouri

17. (a) Burial (b) Date thereof 5-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Levistown, Mo.

18. (a) Signature of funeral director Paul P. Bellow

(b) Address Centralia, Missouri

19. (a) 5/4/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Centralia
(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)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 1
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-18-48 to 5-1-48
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Hypertension
Atherosclerosis

Due to _____

Other conditions Carcinoma of liver?
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
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?
(Specify type of place) _____

While at work? _____ (Specify type of place)

23. Signature J. Frank Jolley (M. D. or other) MD
Address Mexico Mo Date signed 5/2/48

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

4
1
2

OCT 16 1947

MAY 14 1948

RECEIVED

District Health Officer No. 10

District File Number 5-48-869

Date Filed MAY 12 1948

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 Paul Q. Ballaw

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.