S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40746

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 414

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(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 ..... (Specify whether
In this community none
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 6 1/2
(c) City or town Macon 2
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Stephen D. White
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M O
5. Color or race W.
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 31 (Day) 1862 (Year)
8. AGE: Years 86 Months 10 Days 10 If less than one day ..... hr. ..... min.
9. Birthplace Macon Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....
FATHER
12. Name Mark White
13. Birthplace Macon Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sereldo Wright
15. Birthplace Key (City, town, or county) (State or foreign country)
16. (a) Informant Mr Stephens D White
(b) Address Macon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Clarence Mo Stephens & Goodding
18. (a) Signature of funeral director ↓ ↓ ↓
(b) Address Macon Mo
19. (a) 12/30/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 1 P 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th year 48 hour 5 minute ..... M.
21. I hereby certify that I attended the deceased from 2-21 1947 to 11-14 1948 that I last saw her alive on 11-14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure (Congestive)	12 mo
Due to Hypertensive Cardio Renal Vascular Disease	unknown
Due to unknown	
Other conditions Senility (Include pregnancy within 3 months of death)	✓

Major findings:
Of operations ✓
Of autopsy ✓ B10

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 20
23. Signature A C Elm (M. D. or other) MD
Address Macon Mo Date signed 12-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 149.34
Date Filed JAN 5 - 1949

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon 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.