FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 4 1949

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2282

Primary Registration District No. 3056

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 309 Bedford (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Rand 88

(c) City or town Moberly (If outside city or town limits, write "RURAL") 6

(d) Street No. 309 - Bedford (If rural, give location) 3

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BENJEMAN F. WHITE

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased July (Month) 22 (Day) 1870 (Year)

8. AGE: Years 78 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation General Labor

11. Industry or business

FATHER
12. Name Hezekiah White
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Washington
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Olive White

(b) Address 309 Bedford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.25.49 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director R. L. Carr

(b) Address 309 Bedford St.

19. (a) 1-25-49 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 26

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 22 year 1949 hour 4:55 minute p M.

21. I hereby certify that I attended the deceased from Dec. 8, 1948, to Jan. 20, 1949; that I last saw him alive on Dec. 20/, 1949; and that death occurred on the date and hour stated above.

Immediate cause of death Flu, myocarditis. Duration wks

Due to Arterial hypertension months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 48 hr

Of autopsy

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) no

(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

23. Signature Dr. R. E. Hube MD (M.D. or other)

Address 400½ W. Reed St. Moberly Date signed 1/25/49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-49-18
Date Filed FEB 2 - 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.