

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

29432

Do not use this space.

1. PLACE OF DEATH
 (a) County JASPER Registration District No. 40
 (b) Township GALENA Primary Registration District No. 2002 Registered No. _____
 (c) City JOPLIN (d) Street No. 1729 1/2 Main St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROSE ELLEN WHITE
 (a) Residence, No. 1729 1/2 MAIN ST St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF GEORGE WHITE
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Bloomington Ill

FATHER 13. NAME FLEDMAN

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) OHIO

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) MARY RITTER VA

17. INFORMANT (ADDRESS) ROSE WHITE Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hornett, Mo DATE 8/30 1939

19. FUNERAL DIRECTOR (ADDRESS) Charles W. Funeral Home Joplin Mo

20. FILED 8-29-39 E. D. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 16, 1939 to AUGUST 27, 1939
 I last saw her alive on AUGUST 27, 1939. Death said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 8/16/39

Other contributory causes of importance: 82W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Joshua Brien M. D.
 (Address) Joplin, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 939-1838

Date Filed SEP 8 1939

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,

J. T. Anderson

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. T. Anderson

Licensed Embalmer No. 2142

P. O. Address Joplin, 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, above space should be left blank.