S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1762

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 100

FILED FEB 12 1940

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 827 S. 20th. (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 Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 827 S. 20th. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Richard William White

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased May (Month) 30 (Day) 1863 (Year)

8. AGE: Years 76 Months 7 Days 28 If less than one day hr. min.

9. Birthplace East Atchison (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George White
13. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Eliza Jones
15. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Alfred White

(b) Address 827 S. 20th St Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30th. 40 (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Pleeman & Son, Inc.

(b) Address 1946 Calhoun St. Joseph, Mo

19. (a) Jan. 30, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th. year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 17, 1940, to Jan 28, 1940; that I last saw him alive on Jan 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to Arteriosclerosis + Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓

Of autopsy none

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

85

23. Signature J R Elliott (M. D. or other)

Address 801½ Francis St Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....C. H. Swan.....

Licensed Embalmer No.....4082.....

P. O. Address.....St. Joseph.....

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.