

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28596**

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. _____

I. PLACE OF DEATH

(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution **914 Missouri**
(If foot in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Four years 1** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lewis White**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Divorced**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **about 72** Months **0** Days **0** If less than one day hr. _____ min. _____

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

10. Usual occupation **Ice Business**

11. Industry or business _____

12. Name **Don't Know**

13. Birthplace **Don't Know** (City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know** (City, town, or county) (State or foreign country)

16. (a) Informant **W. F. White**

(b) Address **2124 Kentucky**

17. (a) (b) Date thereof **8-7-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carl S. motion**

18. (a) Signature of funeral director **John H. Dammie**

(b) Address **Joplin, Mo.**

19. (a) **8-6-41** (b) **J. L. Garner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jasper** **049**
(c) City or town **Joplin** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **914 Missouri**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **5** year **1941** hour **2:29** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 16, 1941** to **June 27, 1941**; that I last saw him alive on **June 27, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **30 min?**

Due to **61**

Due to _____

Other conditions **Diabetes Mellitus** **7 Refs.?**
(Include pregnancy within 3 months of death) **arteriosclerosis**

Major findings: Of operations **none** PHYSICIAN _____

Of autopsy **none**

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **R. T. Blauke** (M. D. or _____)
Address **Joplin Mo.** Date signed **8-6-41**

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

5
2
9

41-9-747
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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.....

L. W. McCall

Licensed Embalmer No. *403*

P. O. Address *Picher, Okla.*

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.