. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18243

Registration District No. 477 Primary Registration District No. 2002 Registrar's No. 212

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2005 Wisconsin Ave; 11 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 55 years;
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2 5

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

(d) Street No. 2005 Wis. Ave;
(If rural, give location) 0

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

If yes, name country No

3. (a) PRINT FULL NAME James J. Whyte

3. (b) If veteran, name war No

3. (c) Social Security No. 493-16-5904

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Lula Whyte

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 18, 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Benton County Arkansas; 1
(City, town, or county) (State or foreign country)

10. Usual occupation Employe

11. Industry or business Haggart Ice and Fuel Co;

FATHER
12. Name William T. Whyte
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Hoxsey
15. Birthplace Illinois; 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Whyte.

(b) Address 2005 Wis. Ave; Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-42
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 5-22-42 (Date received local registrar) (b) Gertrude Siedhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 20 day 1942
year ..... hour 9-45 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Apr 11-42, 19..., to May 20, 1942
that I last saw him alive on May 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Leucemia	
Due to Gene	
Due to 24 h	
Other conditions Septicemia (Include pregnancy within 3 months of death) From Tooth Removal	
Major findings: Of operations	
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) —

(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 0

23. Signature ..... (M. D. or other)

Address W H Brookshire Date signed 5/21/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.5.462

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.....

Licensed Embalmer No. 959

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, fact should be so stated above.