

FILED NOV 30 1942

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **484**

49
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
530 Picher 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 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 530 Picher
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE WHITE

3. (b) If veteran, name war None

3. (c) Social Security No. 1491-01-0271

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 19, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>3</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Bookkeeper

11. Industry or business Rosenberg Shoe Store

MOTHER FATHER

12. Name John S. White

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name Ellen Hunt

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dor F. Fountain

(b) Address 1725 Chase, Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Czech Memorial

18. (a) Signature of funeral director Thornhill Miller Mort

(b) Address Joplin, Mo.

19. (a) 11-4-42 (Date received local registrar)

(b) Geetendy Goodholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1942 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 15
1942 to Nov 2 1942

that I last saw her alive on 11-2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to Cardiac failure

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

12 31 3

Duration _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. R. Wellburn

Address Joplin, Mo. Date signed 11-4-42

364
30/4 2

1204

DEC-3-1942

DEC 1 1942

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..... *David Dillon*

Licensed Embalmer No. *3898*

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.