

D MAR 22 1943

Registration District No. 25

Primary Registration District No. 1000/1000

Registrar's No. 254

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: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Over 50 Years
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. 2012 So. 5th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MINNIE WHITE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased March 15th 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Wallace Mo. Ms. O
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business None

12. Name GEORGE WHITE

13. Birthplace Mo. Ms. O
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Ritchie

15. Birthplace MISSOURI Ms. O
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLIE THOMAS

(b) Address 416 Scott St.

17. (a) B. (b) Date thereof 2-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director RAMSEY & SON MORTUARY
 (b) Address 1608 Messanie St.

19. (a) 2-16-43 (b) Rose Herzog
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 13th
 year 1943 hour 12 minute 45 a.m.

21. I hereby certify that I attended the deceased from 25th Jan. 1943 to 13th Feb., 43
 that I last saw h or alive on 13th Feb., 43
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
 Duration 20 Day

Due to Senility

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in as following: None

(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? _____

23. Signature [Signature] (M. D. or other) NOB
While at work (Specify type of place) (e) Means of injury _____

Address 1908 Messanie St. Date signed 15 Feb 43

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

MOTHER FATHER

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.....

J. F. Ramsey

Licensed Embalmer No.....

4081

P. O. Address.....

1602 Melrose

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.