

S. No. 2
4-5-42
1-17-30

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27784
Registrar's No. 937

FILED SEP 11 1943 42

Registration District No. 42 Primary Registration District No. 1000

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:
903 Lincoln
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 903 Lincoln
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES C. WHITE
(b) If veteran, name war NAVE (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1943 hour 10 minute 55P M.
21. I hereby certify that I attended the deceased from Aug 22
1943, to Aug 22 1943
that I last saw him alive on Aug 22 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura E. White 6. (c) Age of husband or wife if alive 50 years

Immediate cause of death Coronary occlusion Duration 1 wk.

7. Birth date of deceased Feb. 2 1890
(Month) (Day) (Year)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
53 6 20 hr. min.

Major findings: Of operations
Of autopsy

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Fireman
11. Industry or business Station # 7

12. Name John R. White
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary DeHart
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura E. White
(b) Address 903 Lincoln

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Memorial Park
18. (a) Signature of funeral director Paul Skizog
(b) Address 319 So. 10th St. St. Joseph, Mo.
19. (a) 8/23/43 (Date received local registrar) (b) Paul Skizog (Registrar's signature)

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 H. W. Kenby (M. D. or other) 0
Address St. Joseph Mo Date signed 8-23-43

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

MOTHER FATHER

1235

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 *Frank A. Quinn*
2/1/58 Licensed Embalmer No. *1710*
P. O. Address *St. Joseph, 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.