

X32873

FILED MAR 30 1945

Registration District No. 200

Primary Registration District No. 2000

Registrar's No. 182

39  
2  
6

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1203 N. Campbell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME George A White

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased Dec 10 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James White

13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Sims

15. Birthplace Greene Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose White

(b) Address 1203 N Campbell, Spfld, Mo

17. (a) Burial (b) Date thereof 3-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director Bred Thiemie

(b) Address 1102 Bonville Ave, Spfld, Mo

19. (a) 3-5-45 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield 39  
(If outside city or town limits, write "RURAL")

(d) Street No. 1203 N Campbell 2  
(If rural, give location) 6

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1945 hour 3:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to Mar 4 1945  
that I last saw him alive on Mar 3 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Infarction  
Cholerae typhosa

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 93%  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 3-4 yrs

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) no 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? \_\_\_\_\_ Mans of injury 0

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

Address Springfield Mo Date signed 3-5-45

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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 Fred C. Phelps

Licensed Embalmer No. 2899

P. O. Address Springfield

**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.**