

FILED MAY 9 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 352

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1447 E. Mill 6
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1946 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from April
22 46 to April 22 46;
that I last saw him alive on April 22 46;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Coronary
Occlusion Duration 5 hrs.

3. (a) PRINT FULL NAME Walter Joseph 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 Married
6. (b) Name of husband or wife Grace White 6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased October 19, 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Dixon, Missouri (City, town, or county) (State or foreign country) mo. 0

10. Usual occupation Eng. M.F.A. Packing Plant

11. Industry or business _____

12. Name James White
13. Birthplace Dixon, Missouri (City, town, or county) (State or foreign country) mo. 1
14. Maiden name Alice Wopland
15. Birthplace Dixon, Missouri (City, town, or county) (State or foreign country) mo. 1

16. (a) Informant Mrs. Grace White (wife)
(b) Address 1447 E. Mill, Spfld, Mo.
17. (a) Burial (b) Date thereof Spfld, Mo. 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Alpha Lohmeyer Funeral Home
(b) Address 534 St. Louis Street, Spfld, Mo.
19. (a) 4-24-46 (b) W. M. Hensley
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations _____
Of autopsy _____

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 Thomas S. Harris
Address Medical Arts Bldg., Springfield, Mo. APR 24 1946

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

11779

APR 24 1947

MAY 10 1948

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 Grable
Licensed Embalmer No. 4140
P. O. Address Springfield, 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.

X