

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. 13651

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Jackson Twn.
(c) Name of hospital or institution: Grand Ave. Rd. /
(d) Length of stay: In hospital or institution Lifetime
In this community Lifetime

3. (a) PRINT FULL NAME WAYNE WALTON WHITE

3. (b) If veteran, name war None
3. (c) Social Security No. 499-14-8534

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Freda Joslen White
6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July 1 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	25	9	2	hr. min.

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

10. Usual occupation Defense Worker

11. Industry or business

12. Name Orval T. White

13. Birthplace Jasper Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clifflie Flenniken

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

16. (a) Informant Mr. Orval White

(b) Address Jasper Rt # 1

17. (a) Burial (b) Date thereof 4-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Ave, Carthage

19. (a) 4-4-46 (b) L. B. Clenton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage
(d) Street No. 219 W. 2nd St., 3
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1946 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Fractured 1-2-3-4-5-6-7 Cervical
Skull fracture
Chest Crushed - Broken Ribs
Hemorrhage

Due to Hemorrhage

Other conditions
Car turned over 4 times

Major findings
Open Head - Carthage

Of autopsy
Corners missing

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 4-3-46

(c) Where did injury occur? Carthage, Jasper, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

(e) Means of injury Car turned over

23. Signature H. W. Berget (M. D. or other)

Address 2114 Joplin Date signed 4/3/46

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

MOTHER FATHER

HL-3-730

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 John S. Henneke
Licensed Embalmer No. 4194
P. O. Address Carthage, 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.