

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36671

Registration District No. **156** Primary Registration District No. **2001** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County **Jasper**  
 (b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**317 N. Harlem**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **31 Years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **317 N. Harlem**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **George S. White**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **January** day **18**  
 year **1947** hour **1:10** minute **P.** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Millie White**  
 6. (c) Age of husband or wife if alive **61** years  
 7. Birth date of deceased **March 10 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>10</b>	<b>8</b>	hr. _____ min.

Immediate cause of death **Cerebral thrombosis**  
 Due to **Cardiovascular disease** **10 yrs.**

9. Birthplace **Knoxville Tenn.**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **131A**

10. Usual occupation **Retired Employee**  
 11. Industry or business **Eagle-Picher Co.**

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? \_\_\_\_\_

12. Name **George S. White, Sr.**  
 13. Birthplace **Knoxville Tenn.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Nancy Roberts**  
 15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

23. Signature **[Signature]** (M. D. or D. O.)  
 Address **628 1/2 Main St** Date signed **1-20-47**

16. (a) Informant **Millie White**  
 (b) Address **317 N. Harlem**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1/21/47**  
(Month) (Day) (Year)  
 (c) Place: burial or cremation **Forest Park Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**  
 (b) Address **Joplin, Mo.**

19. (a) **1-20-47** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

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

CNC 5-30-9-4-47

JAN

**Duration**  
**3 Days**  
**10 yrs.**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

FEB 7 1947

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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.....

Licensed Embalmer No..... 3526

P. O. Address.....

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.