

3. No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 3 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs. 5 mo 15 days
In this community 8 yrs. 5 mo 15 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Berchman 11
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1910 no 4 1/2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry C. White

3. (b) If veteran, name war No 3. (c) Social Security No. 714-07-1193

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Etta White 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased February 25 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Jan 16 1948
that I last saw him alive on Jan 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arterio-sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 837
Of autopsy

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) 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) (c) Means of injury 0

23. Signature Forrest Thomas (M. D. or other)
Address St. Joseph Mo Date signed 1/16-48

MOTHER FATHER

11. Industry or business Railway Express
12. Name Mr. Quinn 9
13. Birthplace .. (City, town, or county) (State or foreign country)
14. Maiden name Mr. Quinn 9
15. Birthplace .. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Etta White
(b) Address 1910 no 4 1/2 St. City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Victor Barry
(b) Address 224 So. 5th St. Mo.
19. (a) 1-30-48 (Date received local registrar) (b) H. C. Jenkins (Registrar's signature)

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

FEB 27 1922

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 Victor Barry

Licensed Embalmer No. 4212

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.