

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13521

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BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town or township) Carterville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville, Missouri 0490	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 306 E. Daugherty St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 E. Daugherty St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Blanche	b. (Middle) Anna	c. (Last) White	4. DATE OF DEATH (Month) (Day) (Year) April 16, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 13, 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 7	IF UNDER 4 HRS. Days 3	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ft. Scott Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Homer T. Dale	13b. MOTHER'S MAIDEN NAME Nancy A. Majers	14. NAME OF HUSBAND OR WIFE Arthur White (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Homer Hatten (Son)	ADDRESS K.C. Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) Myocarditis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 15, 1950, to April 16 19 50, that I last saw the deceased alive on April 15, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) DO	23b. ADDRESS Carterville Mo	23c. DATE SIGNED 4/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 17/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. Apr 17-50	REGISTRAR'S SIGNATURE S.C. Hutchett M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson Mortuary	ADDRESS Webb City Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0490

RECEIVED 4-27-50
Jasper County Health Office

County File Number 50-4-338

Date Filed 4-28-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry E. Bruce

Licensed Embalmer No. 4463

P. O. Address Wrens City, 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.