WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

LIST: JAN 3 4 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42356

File No. 1236

Registered No.

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township Primary Registration District No. 201

City St Joseph (No. 1014 Henry St St. Ward)

2. FULL NAME Rosalee White

(a) Residence, No. 911 So 21st St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/24-1938

7. AGE YEARS MONTHS 1 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

FATHER

13. NAME L J White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ely Ruth Burnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) L J White St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem. DATE 12/13 1938

19. UNDERTAKER (ADDRESS) J. L. Hingley

20. FILED 12/12 1938 H J Nesthaush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to Dec 10, 1938

I last saw her alive on Dec 9, 1938. Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 12-8-38

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Other contributory causes of importance:

Prematurity

One of twin births

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N Roger Moore, M. D.

(Address) St Joseph Mo

LICENSED EMBALMER

J. L. Stingley

No. 1946

J. L. Stingley

No.

The above MUST BE SIGNED BY THE