REC'D FEB 15 1939

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

2066
Do not use this space.

1. PLACE OF DEATH
(a) County Cole 2 Registration District No. 213
(b) Township Primary Registration District No. 3014 Registered No. 32
(c) City Jefferson City Mo. (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Joseph Flory White
(a) Residence, No. 610, Lafayette St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: minnie white
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 15-1900
7. AGE: YEARS 38 MONTHS 4 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as saw mill, bank, etc. For Jeff city
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): Callaway Co Mo

FATHER
13. NAME Ruben White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bates Co

MOTHER
15. MAIDEN NAME Ellen Childs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway Co.

17. INFORMANT (ADDRESS): Geo. Childs 913 marshall
18. BURIAL, CREMATION, OR REMOVAL PLACE New City Cemetery DATE Feb. 6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. D. Hardiman Jefferson City Mo.
20. FILED 2/4/1939 D. V. Bedford M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939, to Feb 3, 1939
I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset Feb 31
17 2
Other contributory causes of importance: Gun shot wounds in both legs.
Name of operation Date of
What test confirmed diagnosis? Clinical 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 2-3, 1939
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 Gun shot wounds
Nature of injury in both legs
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jas A. Hill, M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.