

REC'D AUG 11 1939

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

25094  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Buchanan ..... Registration District No. 85  
(b) Township..... 1 ..... Primary Registration District No. 1001  
(c) City..... St. Joseph ..... (d) Street No. 514 S. 22nd. ..... 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. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Catherine White

(a) Residence, No. 514 S. 22nd. ..... St.  ..... (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8th. 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... Unknown ..... (STATE OR COUNTRY) Ind.

FATHER 13. NAME (Unknown) Pedro

FATHER 14. BIRTHPLACE (CITY OR TOWN)..... unknown ..... (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary Roberts

MOTHER 16. BIRTHPLACE (CITY OR TOWN)..... Unknown ..... (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Geo. Matlock (ADDRESS) 514 S. 22nd. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Near Rushville Mo PLACE Sugar Creek DATE July 23rd. 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED July 27, 1939 R. H. Hattback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st. 1939

22. I HEREBY CERTIFY, That I attended deceased from May 6 1939 to July 21 1939  
I last saw her alive on July 20 1939. Death is said to have occurred on the date stated above, at 10.10 AM.  
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach  
4 1/2  
Date of onset

Other contributory causes of importance:  
Cancer of Stomach  
Metastasis from Cancer 1 yr.

Name of operation None 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....., 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 Dr. Raymond L. Sweet, M. D.  
(Signed) 223 Parkview Bldg. St. Joseph Mo  
(Address)

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 *John E. Rupp*  
.....  
Licensed Embalmer No. *3986*  
P. O. Address *St Joseph.*

**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, above space should be left blank.**