

Registration District No. **85** Primary Registration District No. **1001**

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town St. Joseph, **2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2843 Sylvania Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 52 years,
years, months or days)

3. (a) PRINT **300**
FULL NAME Eugene V. White,
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia E. White, 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 11th, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Johnson County, Kansas,
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor,

11. Industry or business Restaurant,

12. Name John A. White,

13. Birthplace (unk), Kentucky,
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stone

15. Birthplace (unk), Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eugene V. White,

(b) Address 2843 Sylvania Street,

17. (a) Burial (b) Date thereof Feb. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director Arthur Palmer Bowman General

(b) Address 319 So. 10th. Str. Home

19. (a) Feb 24 1940 (b) A. J. Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan,
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2843 Sylvania Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y, day 22nd,
year 1940 hour 7:00 minute 50a. M.

21. I hereby certify that I attended the deceased from March
22, 1938, to Feb 22 1940.
that I last saw him alive on Feb 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 month

Due to cardiovascular renal disease 2 year
Senility

Due to _____

Other conditions (include pregnancy within 3 months of death) 121

Major findings: Of operations 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) (e) Means of injury _____

23. Signature Irwin J. Rosenthal M.D. (M. D. or other) 1

Address Central Bldg Date signed 2-23-40

2-3355

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 Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 S. 10th 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, above space should be left blank.