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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural Washington
(c) Name of hospital or institution: R6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Marion White
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 29th
year 1942 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 20
1942 to Sept 24th 1942
that I last saw him alive on Sept 24 1942
and that death occurred on the date and hour stated above.

4. Sex 79 O 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 24 1863
(Month) (Day) (Year)

Immediate cause of death _____
Due to Apoplexy Sudden
Due to Arterio-sclerosis and Chronic interstitial nephritis Several months
Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 6 Days 4 If less than one day _____ hr. _____ min.
9. Birthplace Lancaster MO
(City, town, or county) (State or foreign country)

Major findings: Of operations no operations 2/a
Of autopsy no Autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Lewis M. White
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)
16. (a) Informant Henry White
(b) Address R6 St Joseph MO
17. (a) Burial (b) Date thereof 10-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cem.
18. (a) Signature of funeral director F. Lehman & Son Inc
(b) Address 1946 Colburn
19. (a) 10-1-42 (b) Rose Hergovs
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature H. A. Robertson (M. D. or other)
Address 5723 Lake Ave St Joseph Mo Date signed Sept 30-42

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..... *Robert A. Yule*

Licensed Embalmer No..... *3308*

P. O. Address..... *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, fact should be so stated above.