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41076

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 559

Registration District No. 136 Primary Registration District No. 2001

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: 220 North Sergeant avenue  
(d) Length of stay: In hospital or institution 35 years  
In this community 35 years

3. (a) PRINT FULL NAME Mary A. White  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex female  
5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Orville T. White  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased May 30 1877

8. AGE: Years 65 Months 6 Days 20  
If less than one day hr. min.

9. Birthplace Kansas City Mo.

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER  
12. Name William B. Stone  
13. Birthplace Ohio  
14. Maiden name Irene Gove  
15. Birthplace Baton Rouge, Georgia

16. (a) Informant O. White  
(b) Address 220 N. Sergeant

17. (a) Burial (b) Date thereof 12-24-42  
(c) Place: burial or cremation Mount Washington Independence Mo.

18. (a) Signature of funeral director  
(b) Address Joplin Mo.

19. (a) 12-20-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49  
(a) State Missouri (b) County Jasper 2  
(c) City or town Joplin, Missouri 5  
(d) Street No. 220 North Sergeant avenue  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 19<sup>th</sup>  
year 1942 hour 1 minute 15 a.m.  
21. I hereby certify that I attended the deceased from Dec 14 1942 to Dec 18 1942  
that I last saw him alive on Dec 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis 2 weeks  
Due to: Arthritis deformans 15 yrs

Other conditions: 932  
Major findings: Of operations  
Of autopsy

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?  
(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 2  
23. Signature Clyde B. Spangler (M. D. or other) D.O.  
Address Joplin Date signed 12-21-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-12-1099

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 *Perry C. Schubert*

Licensed Embalmer No. 95-9

P. O. Address *Jasper, Va*

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.