

S. No. 2
M-5-42
5-17-39
PI X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1684

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2843 Sylvania /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bucnanan //
(c) City or town St. Joseph //
(If outside city or town limits, write "RURAL")
(d) Street No. 2843 Sylvania
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JULIA E. WHITE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Eugene White 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 13 1864
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Winston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Alexander Davidson 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Howard A. White

(b) Address 2103 South 16th. Street,

17. (a) burial (b) Date thereof 1/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton B. Gale

(b) Address St. Joseph, Mo. - Home

19. (a) 1-26-43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1943 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 18th, 1943 to Jan. 24 1943
her _____

that I last saw her _____ alive on Jan 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris. Duration 1 wk.

Due to Ape

Due to _____

Other conditions 94b
(Include pregnancy within 3 months of death)

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? _____ (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? _____ (e) Means of injury _____

23. Signature Hersei Beck M.D. (M. D. or other)

Address Kinghill bldg, St. Joseph, Mo. Date signed 1/25/43

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

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 1/24/43, Registered Apprentice No. ✓
working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No. 3619

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.