

U. S. No. 2
FORM-5-42
Rev. 5-17-39
PI X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10863**

ED APR 10 1943

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **41**

64
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2614 St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 2614 St. Mary's Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME Jay Allen White

3. (b) If veteran, name war First World 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 Gladya White

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 17 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>8</u>	<u>22</u>	— hr. — min.

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

10. Usual occupation Barber

11. Industry or business White's Barber Shop

12. Name D. A. B. White

13. Birthplace St. Louis Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Smith

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

16. (a) Informant Mrs. Gladya White

(b) Address 2614 St. Mary's Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec. 11 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Ray D. Schwartz

(b) Address 107 1/2 Duway, Hannibal, Mo.

19. (a) 4/9/43 (Date received local registrar)

(b) W. L. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
/year 1942 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from family physician for 19 to Dec 9, 1942
that I last saw h. alive on, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Therese (M. D. or other)

Address Hannibal Mo Date signed Feb 6 1943

Duration None

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 10 1945

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 *Roy P. Schwartz*.....

Licensed Embalmer No. *1765*.....

P. O. Address *1000 Adway, Yonkers, N.Y.*.....

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.