S. No. 2
M—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24463

FILED AUG 5 1943

Registration District No. 42 — Primary Registration District No. 1080 — Registrar's No. 806

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

1. PLACE OF DEATH: Buchanan
(a) County St. Joseph
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Missouri — Buchanan
(a) State Missouri (b) County St. Joseph
(c) City or town 1811 Grand Ave. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James W. White
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 16, 1875 years
7. Birth date of deceased June (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Buchanan County, Missouri (City, town or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Self
FATHER
12. Name I, N, White
13. Birthplace Missouri (City, town or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Nartman
15. Birthplace Missouri (City, town or county) (State or foreign country)
16. (a) Informant Mrs. Stella Mays (Sister)
(b) Address 2801 Renick St., City St. Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bolckow, Missouri
18. (a) Signature of funeral director John E. Crupp
(b) Address 6051 Pryor Ave., City St. Joseph Mo
19. (a) 7-14-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1943 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from July 1, 1943, to July 12, 1943 that I last saw him alive on July 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock — Duration 3 hrs
Due to Operation for abscess with gangrene of gall bladder
Due to acute choleocystitis
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations Abscess with gangrene of gall bladder
Of autopsy none

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

23. Signature Cabray Wortley, M.D. (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 7-13-43

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Ruffin

Licensed Embalmer No. 3986

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.