S. No. 2
M—2-43
5-17-39
1 X 5 M

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31221

FILED OCT 13 1943

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 923

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: Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 326 Ozark
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John L. Hite
3. (b) If veteran, name war: No
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: Daisy
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 21 (Day) 1871 (Year)

8. AGE: Years 72 | Months 7 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace: Menoria (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired railroad emp.
11. Industry or business: Union Termila R.R.
FATHER 12. Name: Wm Harrison Hite
FATHER 13. Birthplace: (City, town, or county) Ind. (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Martin
MOTHER 15. Birthplace: (City, town, or county) Tenn (State or foreign country)
16. (a) Informant: Mrs Daisy Hite
(b) Address: 326 Ozark St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cem.
18. (a) Signature of funeral director: Fleeman & Son Inc.
(b) Address: St Joseph, Mo.
19. (a) 8/23/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1943 hour 10 minute 45 A M.
21. I hereby certify that I attended the deceased from 7-3, 1943, to 8-21, 1943 that I last saw him alive on 8-21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature: Thomas Smith (M. D. or other) MD
Address: 1803 Frederick St Joseph Mo Date signed: 8/23/43

1235

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1942

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 L Gaple

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.