

FILED JAN 12 1944

Registration District No. 42

Primary Registration District No. 1000

State File No. \_\_\_\_\_

Registrar's No. 1452

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
Lifetime (Specify whether years, months or days)

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. 418 Michigan St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph 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, widowed

6. (b) Name of husband or wife. ---

6. (c) Age of husband or wife if alive, years 28, 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Laborer

11. Industry or business Self

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown

16. (a) Informant Fred White (Son)

(b) Address R.F.D. # 6 St. Joseph, Missouri

17. (a) Burial (b) Date thereof 12/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John E. Gump

(b) Address 6054 Pryor Ave., City

19. (a) 12-23-43 (b) Rose Hazy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22  
year 1943 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 10-1-43  
to Dec 27, 1943  
that I last saw him alive on Dec 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death, Chronic Myocarditis  
arteriosclerosis Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: Of operations No autopsy

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? No

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature A. J. Tomich M.D. (M. D. or other)  
Address 222 Pryor St. City Date signed 12-24-43

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

1233

**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. Repp*

Licensed Embalmer No. *7986*

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.**