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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED MAR 3 1944

Registration District No. 206

Primary Registration District No. 6209

Registrar's No. 7

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town HOUSTON PINEYAK

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution 25 yrs.

In this community 25 yrs.

years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS

(c) City or town HOUSTON

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAHU CARL WHITE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-12-4482

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 6

1944 year 11 hour \_\_\_\_\_ minute 8 P.M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETHEL WHITE

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased FEB 13 1886

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JUNE 40 to FEB 6 44

that I last saw him alive on FEB 1 1944

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 11 23 hr. \_\_\_\_\_ min.

Immediate cause of death CORONARY OCCLUSION

Duration \_\_\_\_\_

9. Birthplace SIMMONS MO

(City, town, or county) (State or foreign country)

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

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

10. Usual occupation FARMER

Other conditions 940

(Include pregnancy within 3 months of death)

11. Industry or business A

12. Name ANDREW WHITE

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

13. Birthplace MO

(City, town, or county) (State or foreign country)

14. Maiden name AMANDA GOERLE

15. Birthplace VA.

(City, town, or county) (State or foreign country)

16. (a) Informant ETHEL WHITE

(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 2/13/44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOUSTON

18. (a) Signature of funeral director Raymond D. Elliott

(b) Address HOUSTON, MO

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? \_\_\_\_\_

19. (a) 2/8/44 (b) Mrs. Ella Duff

(Date received local registrar) (Registrar's signature)

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

(c) Means of injury \_\_\_\_\_

23. Signature J. M. Duffman (M. D. or other) M.D.

Address Houston Date signed 2-8-44

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

RECEIVED

District Health Officer No. 5

District File Number 244163

Date Filed 3-6-44

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.....

*Frank E. Wood*

Licensed Embalmer No. 4026

P. O. Address.....

*Houston, 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.**