

S. No. 2  
1-8-43  
5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14554

FILED MAY 8 1944  
Registration District No. 100

Primary Registration District No. 5382

State File No. \_\_\_\_\_  
Registrar's No. 31

1. PLACE OF DEATH:  
(a) County Dent  
(b) City or town Franklin Imp  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community Most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dent 33  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. X 0  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X 0

3. (a) PRINT FULL NAME Joseph Henry White  
(b) If veteran, name war X  
(c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 24  
year 1944 hour 6 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 4-22, 1944 to 4-24, 1944  
that I last saw him alive on 4-22 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W  
6. (a) Single, widowed, married, divorced / marrie  
6. (b) Name of husband or wife Sarah Harmon  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased August 7 1864  
(Month) (Day) (Year)

Immediate cause of death Myocardial degeneration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
79 8 17 hr. \_\_\_\_\_ min.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Wilson County Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business X

12. Name Martin White

13. Birthplace Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Anderson

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

16. (a) Informant W A White  
(b) Address Salem Mo

17. (a) burial (b) Date thereof 4/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director Charles J. ...  
(b) Address Salem Mo

19. (a) 4-27-44 (b) John E. ...  
(Date received local registrar) (Registrar's signature)

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 Charles J. ... (M.D. or other) \_\_\_\_\_  
Address Salem, Mo Date signed 4-27-44

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

3

33

0

0

1944

1944

93d

1177

RECEIVED

District Health Officer No. 5,

District File Number 444261

Date Filed 5-6-44

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 Carl H. Jensen

Licensed Embalmer No. 2370

P. O. Address Salem 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.