No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33783

FILED OCT 23 1944

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1033

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: Quaker Oats Co. 211th + Atchison Sts (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: Life

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.: 2204 Angelique St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Thomas G. White
3. (b) If veteran name war: World War #1
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: Mary Helen
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: March 7 (Month) 1895 (Day) (Year)
8. AGE: Years 49. Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace: Andrew Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Employee of
11. Industry or business: Quaker Oats Co
MOTHER FATHER
12. Name: Hugh White
13. Birthplace: U. S. State (City, town, or county) (State or foreign country)
14. Maiden name: Caroline Taylor
15. Birthplace: Ind (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mary White
(b) Address: St Joseph
17. (a) B. (Burial, cremation, or removal) (b) Date thereof: Oct 17 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St Joseph Mo
19. (a) 10-14-44 (Date received local registrar) (b) Helen Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14th year 1944 hour 11 minute 30 A.M.
21. I hereby certify that I ~~attended~~ viewed the deceased from on Oct 14, 1944, to _____, 19____; that I last saw h alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of 7th Cervical Vertebrae — Duration: 1 day
Due to: Basal Skull fracture — 1 day
Due to: Crushing injury of the left chest, multiple lacerations about the arms, chest, and head. — 1 day
Other conditions (Include pregnancy within 3 months of death): 176-6
Major findings of operation: Man was accidentally killed by a freight elevator at a local plant
Of autopsy: No

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): Accident
(b) Date of occurrence: 10-14-44
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Quaker Oats Co. (Specify type of place)
While at work? Yes (e) Means of injury: Crushed by Elevator
23. Signature: H. F. Mundy (M. D. or other) Coroner
Address: 1404 So 3d St Date signed: 10/15/44

1377 (Licensed Embalmer's Statement on Reverse Side)

OCT 30 1944

NOV 9 1944

APR 25 1945

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 K 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.