

FILED JAN 10 1945

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 28 years  
years, months or days)

3. (a) PRINT FULL NAME JOE TOM WHITE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lutie White 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Dec. 28, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 24 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Preacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas White  
13. Birthplace Dunksburg, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lue Mock  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dean Weller

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec. 26, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director M. J. Hines

(b) Address Warrensburg, Mo.

19. (a) Dec. 26, 1944 (b) Sealth W. Wellersma  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. North Water  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22  
year 1944 hour 9 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 10 Dec 1944 to Dec 22 1944  
that I last saw him alive on Dec 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death The Prostate Gland  
Due to \_\_\_\_\_  
Due to taenemia

Other conditions 518  
(Include pregnancy within 3 months of death)

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

Of autopsy No autopsy

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

23. Signature John T. Anderson (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

about 2 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *Samuel E. M. Plummer*

Licensed Embalmer No. *3557*

P. O. Address *Warrington Va*

**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.