

S. No. 5  
OM-5-43  
v. 5-17-39  
I X36671

1786

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 77

Registration District No. 42

Primary Registration District No. 5134

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (Rural) Washington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural Route # 5, St. Joseph  
(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) 3 years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 5  
(If rural, give location)

(e) Citizen of foreign country? 0 or No

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

3. (a) PRINT FULL NAME George Franklyn White

3. (b) If veteran, name war no 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 Margaret L. White 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 15, 1875  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16  
year 1945 hour 5:30 minute 0 M.

21. I hereby certify that I viewed the deceased from Jan. 16th, 1945, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>5</u>	<u>1</u>	_____ hr. _____ min.

Immediate cause of death Suicide by fire  
arms

Duration \_\_\_\_\_

9. Birthplace Whitesville, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Filling Station operator

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

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

Other conditions none  
(Include pregnancy within 3 months of death)

164C

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

12. Name Lyman S. White

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

14. Maiden name Elizabeth Clemmons

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

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

Of autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret L. White

(b) Address R. R. # 5,

17. (a) Burial (b) Date thereof Jan. 18, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Jan 16th 1945

(c) Where did injury occur? St. Joseph, Buchanan Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 1-18-45 (b) Walter J. Peltz  
(Date received local registrar) (Registrar's signature)

'While at work?' no (Specify type of place)

(c) Means of injury Pistole  
Car oner

23. Signature B.W. Tadlock (M. D. or other) 3

Address King Hill Bldg Date signed 1/18/45

(Licensed Embalmer's Statement on Reverse Side)

1877

FEB 16 1945

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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 1-16-45

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Emma Cook*

Licensed Embalmer No..... 4238

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.