U. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24552

Registration District No. 244 Primary Registration District No. 5835 Registrar's No. 7

1. PLACE OF DEATH

(a) County: Newton
(b) City or town: Rural Sec. 21 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway 71 - S. of Joplin, Mo. (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: 21 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 405 Schiffendecker Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country: ____

3. (a) PRINT FULL NAME: Charles E. White
3. (b) If veteran, name war: World War #2
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: Venita
6. (c) Age of husband or wife if alive: 22 years
7. Birth date of deceased: Sept (Month) 23 (Day) 1922 (Year)
8. AGE: Years 23 Months 9 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace: Neosho (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Bus Driver
11. Industry or business: ____
12. FATHER Name: Charles W. White
13. FATHER Birthplace: Seyton Ford (City, town, or county) Mo. (State or foreign country)
14. MOTHER Maiden name: Cicero Offert
15. MOTHER Birthplace: Joplin (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Charles W. White
(b) Address: 2002 Harlem Joplin
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6 28 45 (Month) (Day) (Year)
(c) Place: burial or cremation: Fullerton Calif.
18. (a) Signature of funeral director: Shamblin-Wilson
(b) Address: Joplin Mo.
19. (a) 6-28-1945 (Date received local registrar) (b) Mrs. U. B. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1945 hour 3:55 minute pm M.
21. I hereby certify that I attended the deceased from ____ 19____ to Not attend 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Gas Gangrene Internal Bleeding — Bus Accident. Crushed Thigh
Due to: #71 S. of Joplin - Bus.
Due to: Hit Cow and turned over.
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____ Of autopsy: ____

Duration

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: 6/23/45
(c) Where did injury occur? Joplin (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: D. W. Dentlt (M. D. or other) Do
Address: 214 Joplin Date signed: 6-23-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1947

SEP 20 1945

SEP 6 1945

AUG 20 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.....Cecila Thornhill

Licensed Embalmer No.....3590

P. O. Address.....Joplin 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.