S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 29655

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1052

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: 2219 Jones St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

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. 2219 Jones St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Mrs GOLDENA MAYE WHITE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Everett F.

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased February (Month) 23 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	6	20	____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Silas Truman
13. Birthplace ____ (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Pearl Smith
15. Birthplace ____ (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Everett F. White
(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.

19. (a) Sept. 23, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 13 year 1946 hour 1 minute 30 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased from ~~xx~~ on Sept 13, 1946, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterial Embolus of Heart	
Due to Blood Clot	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Major findings: Of operations ____	
Of autopsy ____	

94A

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) ____

(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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

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

Address King Hill Bldg. Date signed 9/16/46

(Licensed Embalmer's Statement on Reverse Side)

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

28491

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~~ XX .....

....., ~~Registered Apprentice No.~~ .....,

working under my personal supervision.

Signed Robert R Yapel

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.