

FILED DEC 19 1946

Registration District No. 1Primary Registration District No. 5354Registrar's No. 83

## 1. PLACE OF DEATH:

(a) County Dallas  
 (b) City or town Red Top Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1

(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)3. (a) PRINT FULL NAME GREEN BERRY WHITE

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased Mar 3 1877  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
69 8 12 hr. min.9. Birthplace Dallas Co Mo  
(City, town, or county) (State or foreign country)10. Usual occupation farmer11. Industry or business farmer12. Name Dr ED WHITE13. Birthplace unknown  
(City, town, or county) (State or foreign country)14. Maiden name ELIZABETH15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant One white(b) Address Buffalo Mo17. (a) Burial (b) Date thereof 11-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Mount18. (a) Signature of funeral director L B Jones(b) Address Buffalo Mo19. (a) Dec 11, 1946 (b) Wesley Petree  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas  
 (c) City or town Red Top Rural  
 (If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

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

If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1946 hour 9 minute 15 P.M.21. I hereby certify that I attended the deceased from Sept 1, 1946 to Nov 15, 1946  
that I last saw him alive on Nov 5, 1946  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of descending colon,  
Duration months

Due to.....

Due to.....

Other conditions None 46E  
(Include pregnancy within 3 months of death)Major findings: Carcinoma of descending colon 9-2-46

Of operations.....

Of autopsy None

## 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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. H. Jones (M. D. or other) M.D.Address Buffalo Date signed 11-22-46

12-13-76  
11-16-3103  
RECEIVED

**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 Morris B. Jones

Licensed Embalmer No. 4329

P. O. Address Buffalo 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.**