

FILED JAN 2 1947

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 days** (Specify whether
 In this community **18 Years** years, months or 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. **1910 Anna Baxter Ave;**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **No**

3. (a) PRINT FULL NAME **Hattie M. White**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov. 30,** day **1946**
 year _____ hour **8-50 P.M.** minute _____ M.

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widow**
 6. (b) Name of husband or wife **Rev. T.R. White**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Oct. 12, 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, 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
	72	1	18	_____hr. _____min.

Immediate cause of death **Coronary Thrombosis**
 Due to _____
 Duration **11-24-46**

9. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

Due to **Myocarditis with Cardiac Asthma**
 Duration **2 yrs.**

10. Usual occupation **Housewife**

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

11. Industry or business _____

Major findings: _____
 Of operations _____
 Of autopsy **94A**
 Underline the cause of death which should be charged statistically.

MOTHER FATHER { 12. Name **Thomas M. French**

13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Phoebe Ann Robey**

15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carol White**
 (b) Address **1910 Anna Baxter, Joplin Mo.**

17. (a) **Burial** (b) Date thereof **12-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Park**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
 (b) Address **Joplin Mo.**

19. (a) **12-19-46** (b) **Ed. J. Jones**
(Date received local registrar) (Registrar's signature)

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 **Walter Howard** (M. D. or other) _____
 Address **Joplin Mo.** Date signed **12/3/46**

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 *Carlton M. Dungey*

Licensed Embalmer No. *3566*

P. O. Address *Apple River*

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.