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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13882

FILED MAY 5 1947

Registration District No. 136 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 O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 4

(c) City or town Carterville (If outside city or town limits, write "RURAL") 4

(d) Street No. 306 E. Daugherty (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Arthur Franklin 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 Married

6. (b) Name of husband or wife Blanche White 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March (Month) 8 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	0	24	hr. min.

9. Birthplace Ontario (City, town, or county) Canada (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Hugh White 2
13. Birthplace Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Bryant 2
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Souter
(b) Address Carterville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Nabb City Ord Co
(b) Address Nabb City Mo

19. (a) 4-5-47 (Date received local registrar) (b) Dolores Lamphins O.R. (Registrar's signature) 29

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 1st year 1947 hour 6 20 minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1947 to April 1, 1947 that I last saw him alive on April 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver — Duration Several months

Due to

Due to Acute Heart dilatation — Instant

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 46F

Of autopsy

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) None

(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 0

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 4/5/47

(Licensed Embalmer's Statement on Reverse Side)

47-3-305

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.