

FILED MAR 8 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 257

1. PLACE OF DEATH:

(a) County Buch
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 801 Green St. 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 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bachman
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 801 Green St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLAYTON R. WHITE

3. (b) If veteran, name war NO 3. (c) Social Security No. 489-32-3786

4. Sex Male 3. Color or race whit 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 15 1876 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Febr day 26 year 1948 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug 8 1947 to Febr 26 1948; that I last saw emalive on Febr 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Heart block - Complete
Duration 6 mon

8. AGE: Years 71 Months 11 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Georgetown MO (City, town, or county) (State or foreign country)

10. Usual occupation Retired - Emp. City School

11. Industry or business Retired Electrician, operator

12. Name Elissa White

13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth S. Gordon

15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mattie White - Belt

(b) Address Springfield, Mo.

17. (a) Burial (b) Date there Feb. 28 1948 (Month) (Day) (Year)

(c) Place: burial or cremation First Dequon Cem

18. (a) Signature of funeral director Stanton Funeral Home

(b) Address St. Joseph MO

19. (a) 3/2/48 (Date received local registrar) (b) W. B. Jenkins (Registrar's signature)

Due to _____
Due to _____

Other conditions None (Include pregnancy within 3 months of death)
Major findings: 95 A
Of operations _____
Of autopsy _____

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. B. Jenkins (M. D. _____)
Address St. Joseph Mo Date signed 2-26-48

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

6. No. 2
4-2-43
5-17-39
-1 X35697

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.