No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11626

FILED APR 19 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 418

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: Mrs. Hickerson Nursing Home 901 N. 12th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years, 5 Months (Specify whether years, months or days)

In this community 73 Years

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. 901 N. 12th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Richard Benjamin White

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary White

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

7. Birth date of deceased: February (Month) 2 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	2	6	... hr. ... min.

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

10. Usual occupation: Retired Supt.

11. Industry or business: National Biscuit Co.

FATHER
12. Name: Josiah White
13. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Virginia Taylor
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: Ned White
(b) Address: 305 S. 15th St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 4-13-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from ..., 1948 to April 7, 1948, that I last saw him alive on April 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral haemorrhage	
Due to: arteriosclerosis	
Due to: —	
Other conditions (include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN — Underline the cause of 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: Collis Phoenix (M. D. or other)
Address: 3 Yards pa Week Bldg. Date signed: April 9-48
St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Raymond W. Merchant

Licensed Embalmer No. 4413 Missouri

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.