. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15536

Registration District No. 42 | Primary Registration District No. 5134 | Registrar's No. 562

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph Washington Tsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buch.
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. #3, St Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ALBERT-ORESTES-WHITE-SR.
3. (b) If veteran, name war: No
3. (c) Social Security No.: 491-24-7081
4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alma
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: Apr. (Month) [redacted] (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
60		17	hr. ..... min.

9. Birthplace: St Joseph (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Operator
11. Industry or business: Grocery Store
MOTHER FATHER
12. Name: Andrew J. White
13. Birthplace: De Kalb Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Sarah J. Swails
15. Birthplace: Wirk (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. Alma W. White
(b) Address: R.F.D. #3, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cem.
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St Joseph, Mo.
19. (a) May 20, 1948 (Date received local registrar) (b) H. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 th, year 1948 hour 9 minute 40 P.M.
21. I hereby certify that I attended the deceased from April 15 1948 to May 14th 1948 that I last saw him alive on May 14th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular Heart Lesion	1 year.
Due to: Arteriosclerosis	5 years.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: None
Of autopsy: None

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: John G. Swails (M. D.)
Address: Wathena, Kansas Date signed: 5-14-1948

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 Charles M. Hasman

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.