FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22301

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 757

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: In Ambulance on way to Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 20 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.: 1709 So. 8th. St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: George White
3. (b) If veteran, name war: None
3. (c) Social Security No.: 491-09-7989
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 5th (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	2	7	hr. min.

9. Birthplace: Carroll County, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Porter
11. Industry or business: Unknown
MOTHER FATHER
12. Name: John White
13. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
14. Maiden name: Harriett Welden
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Mrs. Mathilda Bates
(b) Address: Carrollton, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 13, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Carrollton Mo. African Oak Hill Cem.
18. (a) Signature of funeral director: Herman W. Siebenfaden
(b) Address: 1802 Union St. St. Joseph, Mo
19. (a) 7-16-48 (Date received local registrar) (b) H. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 13th, 1948, to, 19..., that I last saw h... alive on, 19..., and that death occurred on the date and hour stated above. Viewed

Immediate cause of death	Duration
Injuries received when struck by an Auto	
Due to	
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): Accident
(b) Date of occurrence: July 12th 1948
(c) Where did injury occur? St Joseph, Mo, (City or town) (County) (State) 131
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? No (Specify type of place) (e) Means of injury: Auto
23. Signature: B. W. Tadlock (M. D. or other) Coroner
Address: King Hill Bldg St. Joseph, Mo Date signed: 7/13/48

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

WRITE PLAINLY—USING BLACK INK

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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.