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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1948

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 28538

Registrar's No. 1990

1. PLACE OF DEATH:

(a) County Jennings, Missouri St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8723 Granada Place (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennings 96

(c) City or town (If outside city or town limits, write "RURAL") 0

(d) Street No. 8723 Granada Place (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James A. White

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Dorothy White

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January 25th 1905 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	6	19	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Plater

11. Industry or business Buck Xaphraph

FATHER
12. Name John White
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Nellie Walsh
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Dorothy White- Wife,

(b) Address 8723 Granada Place, Jennings

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Int. Memorial Park Cem.

18. (a) Signature of funeral director Sullivan Funeral Directors

(b) Address 2849 North Euclid Ave.

19. (a) 8-14-48 (Date received local registrar) (b) Carl A. J. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th year 1948 hour 1:30 A.M. minute M.

21. I hereby certify that I attended the deceased from July 14, 1948, to July 13, 1948 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to 938

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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 3

23. Signature R. E. Howell (M. D. or other) D.C.

Address 6722 W. Florissant Date signed 8-14-48

(Licensed Embalmer's Statement on Reverse Side)

De. Howe,

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 Robert S. Brunkema

Licensed Embalmer No. 3553

P. O. Address.....

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

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