S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30147

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 330 North Maple /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 11

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

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

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

If yes, name country

3. (a) PRINT FULL NAME William Porter WHITE

3. (b) If veteran, name war

3. (c) Social Security No. /

4. Sex Male

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 31st (Day) 1864 (Year)

8. AGE: Years 84 Months 3 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Jim White 9
13. Birthplace Unknown / (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name 9
15. Birthplace Unknown / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.L. Crockett
(b) Address 2409 Pearl Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 9-25-48 (Date received local registrar) (b) Ed D. Jagnes (Registrar's signature)
by Dolores Humphries Dp
1385

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1948 hour 2:25 minute P. M.

21. I hereby certify that I attended the deceased from 9-23-48, 19__, to 9-24-48, 19__; that I last saw him alive on 9-23-48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	18 hrs
Due to: Hypertension + arteriosclerosis	unknown unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Eugene H. Hamilton (Name or other) M.D.
Address Joplin Mo Date signed 9-27-48

(Licensed Embalmer's Statement on Reverse Side)

48-9-825

NOV 24 1948

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 Jesse O Sullivan, Registered Apprentice No. 99, working under my personal supervision.

Signed Orlando M. Dungy

Licensed Embalmer No. 3564

P. O. Address Joplin 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.