S. 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

FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40532

Registration District No. 136 | 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: /
218 Penn
(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: 60 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 218 Penn St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George Washington White
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Casey White
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan 23 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	3	..... hr. ..... min.

9. Birthplace: Potosa (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Mine Foreman
11. Industry or business: Miner
FATHER
12. Name: Isom White
13. Birthplace: No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Caroline Koonts
15. Birthplace: No Record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Huston Nutt
(b) Address: 1503 W C St. Jolin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 29 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Mem. Joplin
Webb City Mo.
18. (a) Signature of funeral director: Webb City Mo.
(b) Address
19. (a) 12-27-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1948 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec. 23, 1948 to Dec. 26 1948 and that I last saw him alive on Dec. 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13B
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: C. E. Coats (M. D. ~~or other~~)
Address: Joplin Mo Date signed 12-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

138-1

48-12-1073

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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address Mobile Ala

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.