

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32728

BIRTH NO. 19210-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1147

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give town) St Joseph, MO c. LENGTH OF STAY (in this place) 11/5-11/30/50 d. FULL NAME OF HOSPITAL OR INSTITUTION 1115 N. 3rd St		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE MO b. COUNTY Buchanan c. CITY (If outside corporate limits, write RURAL and give township) St Joseph, MO 0117 d. STREET ADDRESS 1115 N. 3rd St	
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3. NAME OF DECEASED (Type or Print) JERGIL - WHITE	4. DATE OF DEATH (Month) (Day) (Year) Oct 8 - 1950
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 15 - 1950	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 6	IF UNDER 14 HRS. Days 23
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) 1115-77 3rd St, St. Joseph, Mo	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Anne Lou White	14. NAME OF HUSBAND OR WIFE Anna Lou White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Lou White, 1115 77th St
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Raber pneumonia		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			490x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1950, to Oct 8, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Testator Lividant MD	23b. ADDRESS 109 1/2 W. Mo. Ave.	23c. DATE SIGNED Oct 9, 1950
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24a. BURIAL OR CREMATION (Specify) Burial	24b. DATE 10-10-1950	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) St Joseph MO
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DATE REC'D BY LOCAL REG. Oct 16, 1950	REGISTRAR'S SIGNATURE Carl C. Cash	FUNERAL DIRECTOR'S SIGNATURE Beatrice May	ADDRESS 812 Pacific St, St Joseph, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. A. Clark

Signed _____

Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.