

WHILE FERNETI—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5459
Registrar's No. 681

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K. C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 Yrs. (Specify whether
In this community 55 Yrs. years, month or days)

3. (a) PRINT FULL NAME WHITE Mrs. Bertha

3. (b) If veteran, No name war
3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James A. White 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 25th, 1884
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>17</u>	hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Robert Welsh
13. Birthplace Hamilton Canada
(City, town, or county) (State or foreign country)
14. Maiden name Mary Welch
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martin Welsh.
(b) Address 6221 Rockhill Rd.

17. (a) Burial (b) Date thereof 2/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetary
Mellody-McGilley

18. (a) Signature of funeral director K. C. Mo.
(b) Address

19. (a) Feb. 14, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2002 East 44th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th
year 1940 hour 9³⁰ minute P M.

21. I hereby certify that I attended the deceased from Jan 15
1938, to Feb 12th 1940
that I last saw him alive on Feb 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 1937

Due to 4/6
Due to

Other conditions Cholelithiasis + Carcinoma of Gall Bladder
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Gall Bladder + Liver
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. L. Anderson (M. D. or other)
Address 915 Regent Bldg Date signed 2-13-40

Handwritten notes:
12/10/10
12/10/10
37.4

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 *J. H. Taylor*
Licensed Embalmer No. 2799
P. O. Address.....

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, above space should be left blank.