

3. No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41275

State File No.

4668

FILED JAN 8 1940
Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, give number and name of township)
(c) Name of hospital or institution:
1710 Newton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs.
years, months or days)

3. (a) PRINT FULL NAME Earl L. White

8. (b) If veteran, name war No 3. (c) Social Security No. 110

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

6. (b) Name of husband or wife Pauline White 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June 8 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 5 29 hr. min. 0

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

10. Usual occupation Janitor

11. Industry or business City Hall

12. Name Elmer White

13. Birthplace Montana
(City, town, or county) (State or foreign country)

14. Maiden name Della Lagg

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

16. (a) Informant Pauline White

(b) Address 1710 Newton

17. (a) Elmwood (b) Date thereof Dec. 9-1940
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Rose & Henderson

(b) Address _____

19. (a) 11-8-40 (b) Dr. J. H. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1710 Newton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1940 hour 5 ; 30 minute AM M.

21. I hereby certify that I attended the deceased from December 3, 1940 to Dec. 7, 1940
that I last saw him alive on Dec. 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to cardiac catheter

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy ✓

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 Dr. J. H. Jackson (M. D. or other)

Address 5325 E. 24 St. Date signed 12/7/40

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 29575

P. O. Address 17. C. 9th

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.