

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Trinity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 16 Years  
years, months or days

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. 916 Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Alice Evelina White

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Jan. 21, 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 23 10 263 hr. \_\_\_\_\_ min.

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

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Chas. F. Ely  
13. Birthplace Adair County, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Inez Harris  
15. Birthplace Adair County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Richard White  
(b) Address 916 Benton

17. Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Dec 21, 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director C. H. Blackman & Son

(b) Address 2825 Indep. Blvd.

19. (a) 12-23-40 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 22 day 22  
year 1940 hour 2:25 minute A. M.

21. I hereby certify that I attended the deceased from Dec 21<sup>st</sup>  
1940 to Dec 22 1940  
that I last saw her alive on Dec 22<sup>nd</sup> 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death maluria

Duration 24 hours

Due to Calcification of both kidneys?

Due to 134

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none  
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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signatur Oliver Hoffman (M. D. or other) \_\_\_\_\_  
Address 900 Rialto Bldg Date signed 12-23-40

WRITE PLAINLY—USE UNFADING 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address Kansas City

**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.**